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UNIVERSITY OF ILLINOIS • COLLEGE OF MEDICINE • CHICAGO

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MAY 31 1973
UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

"The College of Medicine exists to promote improvement in the health of the public, and all of its varied activities are so dedicated."

.... *From the Goals.*

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THE UNIVERSITY OF ILLINOIS

The University of Illinois was chartered in 1867 following the enactment in 1862 of the Morrill Land-Grant College Act. This act provided 480,000 acres of land which, when sold, made possible funds for the creation and operation of the University.

The University opened on March 2, 1868, as the Illinois Industrial University. Its name was changed to "University of Illinois" in 1885.

From its modest beginnings, the University has steadily grown to its present distinguished position among the great universities of the United States and the world. The main campus and administrative offices are located in Urbana-Champaign, 128 miles south of Chicago. Two major campuses are located in close proximity in Chicago's Near West Side.

Colleges of Agriculture, Commerce and Business Administration, Communications, Education, Engineering, Fine and Applied Arts, Law, Liberal Arts and Sciences, Physical Education, and Veterinary Medicine are located at the Urbana-Champaign campus. Advanced work is offered by the Graduate College, the Institute of Labor and Industrial Relations, the Jane Addams Graduate School of Social Work, and the Graduate School of Library Science. There is also a Division of University Extension and numerous bureaus, institutes, and schools, such as the Institute of Aviation.

The most recently opened campus of the University is the Chicago Circle facility, built on 107 acres of slum-cleared land. This dynamic new campus provides educational opportunities for more than 20,000 students. Degree curricula are provided by the Colleges of Liberal Arts and Sciences, Business Administration, Education (including the School of Physical Education), Engineering, and Architecture and Art.

The Medical Center campus of the University is located one mile west of the Chicago Circle campus in the midst of the 363-acre Medical Center District. The administrative offices of the College of Medicine together with the School of Basic Medical Sciences at the Medical Center, the Abraham Lincoln School of Medicine, and the School of Associated Medical Sciences, as well as the Colleges of Dentistry, Nursing, and Pharmacy, the School of Public Health, and the Graduate College, are located on the Medical Center campus. The University of Illinois Hospital (including the Eye and Ear Infirmary), the Library of Health Sciences, the Division of Services for Crippled Children, the Medical Research Laboratory, and the Research Resources Laboratory are also an integral part of the campus.

THE COLLEGE OF MEDICINE

The administrative offices of the College of Medicine are located on the Near West Side of Chicago in an area known as the West Side Medical Center District.

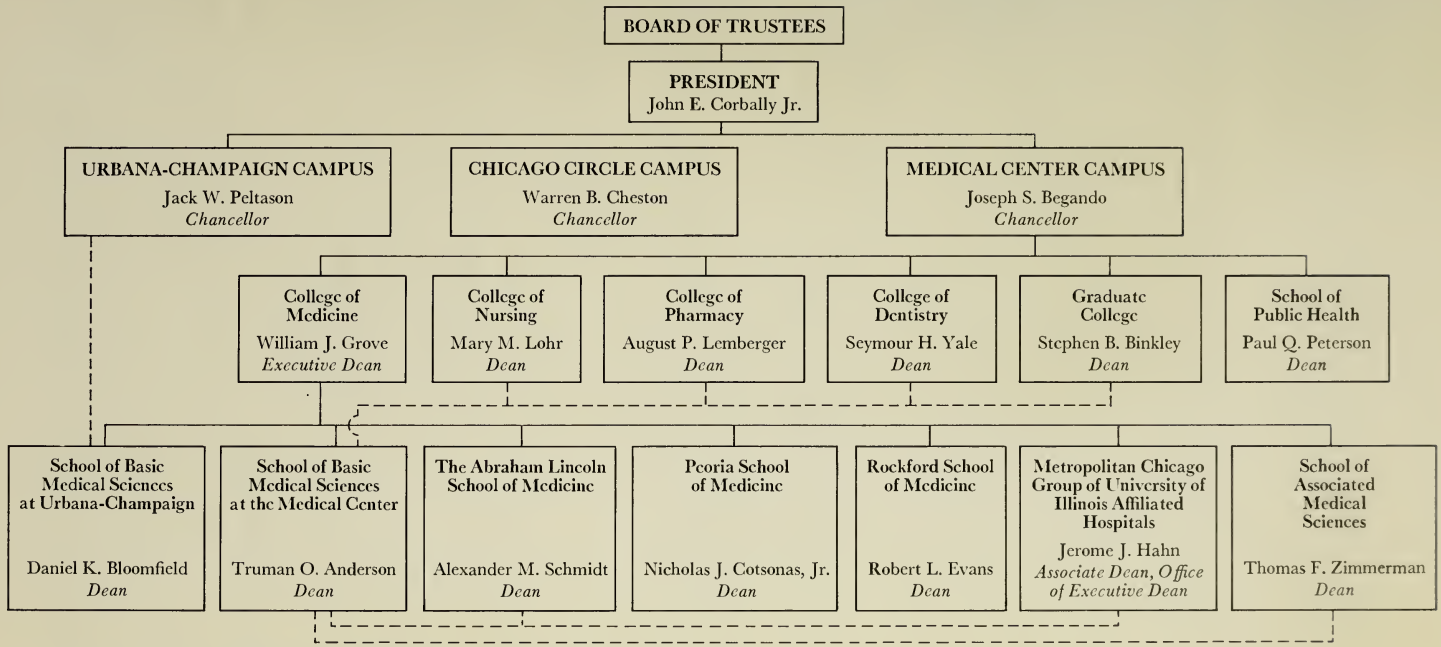
The College of Medicine was originally an independent institution. It opened October 14, 1881, as the College of Physicians and Surgeons of Chicago. Six years later it became affiliated with the University of Illinois under terms of a lease; then, in 1900, its name was changed to the College of Medicine of the University of Illinois. Not until 1913, however, did it become an integral part of the University. During most of its early history it was located on Harrison Street in the area now forming the Louis Pasteur Park. In 1931 the college moved to the corner of Polk and Wolcott streets where it is presently headquartered.

On July 12, 1969, the Board of Trustees of the University of Illinois approved plans for reorganization and expansion of the College of Medicine. These plans include a massive program for expansion of professional education in medicine at three levels: the curriculum for the M.D. degree, post-M.D. training, and continuing education of practicing physicians.

The College of Medicine now consists of the following units (see organizational chart, page 9): Office of the Executive Dean, including the college-wide Center for Educational Development and the Independent Study Program; the Abraham Lincoln School of Medicine (a three-year clinical school of medicine located on the Medical Center campus); the School of Basic Medical Sciences at the Medical Center (a one-year school located on the Medical Center campus); the School of Basic Medical Sciences at Urbana-Champaign (a one-year school located on the Urbana-Champaign campus); the School of Associated Medical Sciences (comprising baccalaureate degree programs in medical art, medical laboratory sciences, medical dietetics, medical record administration, occupational therapy, and physical therapy, located on the Medical Center campus); the Peoria School of Medicine (a three-year clinical school located in temporary quarters on the campus of Bradley University in Peoria, Illinois); the Rockford School of Medicine (a three-year clinical school in Rockford, Illinois); and the Metropolitan Chicago Group of University of Illinois Affiliated Hospitals (currently serving the Abraham Lincoln School of Medicine students by providing educational programs). Descriptions of each of these units may be found in the section titled "Instructional Programs."

The college functions through a series of standing committees elected

UNIVERSITY OF ILLINOIS



Solid lines indicate administrative relationship; dotted lines indicate functional relationships.

annually by its faculty. Responsibilities of each of these committees are described below. Students are regular voting members of all college committees except the Academic Council and the Administrative Advisory Council.

Each of the schools is administered in its internal affairs by its dean and faculty under the overall direction of the executive dean of the college.

ACADEMIC COUNCIL

The Academic Council has the responsibility to act on academic issues beyond the jurisdiction of individual schools, with special reference to student admissions, student appraisal and promotion, faculty promotion, educational policy, and research policy. Each school retains the responsibility to act on individual issues as they apply within the school. The executive dean serves as chairman of the Academic Council and consults with its members regarding selection and appointment of deans of schools and department heads, the budget, physical facilities, and administrative relationships outside of the college.

ADMINISTRATIVE ADVISORY COUNCIL

The Administrative Advisory Council, composed of school deans and directors, assists the executive dean in determining matters of budget, physical facilities, and administrative relationships of the college with outside organizations. The executive dean serves as chairman of this council.

COMMITTEE ON ADMISSIONS

The Committee on Admissions, appointed by the chancellor of the Medical Center campus, is responsible for formulating policies regarding admissions, for screening and recommending applicants for incoming classes, and for liaison with undergraduate colleges. Its membership is composed of students and representatives of all schools of the college. The executive dean serves as chairman.

COMMITTEE ON COMMITTEES

The Committee on Committees keeps the role of each of the standing committees of the college under continuous observation and study. It makes recommendations for creation of new committees or discontinuation of present committees, makes recommendations concerning jurisdictional problems between committees, and submits nominations to the Academic Council for membership on all standing committees. The

membership is nominated annually by the executive dean and approved by the Academic Council and faculty. Both faculty and students are members of this committee.

COMMITTEE ON EDUCATIONAL POLICY

The Committee on Educational Policy identifies those issues of educational policy which go beyond the interests or responsibilities of individual schools, and encourages joint educational efforts among schools. The committee also keeps informed of and reviews the programs of instruction in each of the schools, provides a forum for discussion of those issues regarding curriculum as may arise between schools, and makes recommendations to the Academic Council regarding matters within its jurisdiction. The committee is composed of representatives from each of the schools and of students.

COMMITTEE ON STUDENT APPRAISAL

The Committee on Student Appraisal is responsible for the preparation and administration of the college certifying examination and for review and approval of the examinations or other instruments of certification administered by each school. It also is responsible for the preparation and administration of proficiency and qualifying examinations as required. Its membership is derived from the student body and the entire faculty.

COMMITTEE ON STUDENT PROMOTIONS

The Committee on Student Promotions receives the results of certifying assessments administered by the College Committee on Student Appraisal, and also receives recommendations and comments from schools, departments, and faculty, and other information which will help judge a student's performance. It then makes specific recommendations to the Academic Council concerning the promotion of or granting of a degree to each student, identifies outstanding students and makes recommendations for honors to be accorded, and provides a hearing for any student wishing to present evidence that his performance is other than as judged by the Committee on Promotions of his school or the college committee. The membership comes from the faculty and student body.

COMMITTEE ON FACULTY PROMOTIONS

The Committee on Faculty Promotions is responsible for review of all recommendations for appointment or promotion to the rank of associate professor or professor, and for review of all cases of nontenure fac-

ulty members, in their sixth year of service, who are recommended for reappointment on indefinite tenure without promotion. The committee is composed of representatives of each school; its recommendations must be approved by the Academic Council.

COMMITTEE ON RESEARCH

The Committee on Research, composed of representatives of each school and the student body, is responsible for identifying and developing means of utilizing college and University facilities for more efficient and productive research. It explores and encourages sources of research funding, and advises the executive dean concerning the administration of general purpose research grants; in addition, the committee disseminates information about planned or ongoing research. The annual Student Research Forum is under the jurisdiction of the committee.

COMMITTEE ON STUDENT AWARDS AND SCHOLARSHIPS

This committee keeps the college informed about fellowships, scholarships, and awards established by the faculty and private donors, and recruits nominees for these awards. The annual Honors Day program is presented by the committee, which is composed of representatives from each school and the student body.

THE ACADEMIC POSTURE AND GOALS OF THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

The College of Medicine exists to promote improvement in the health of the public, and all of its varied activities are so dedicated. In keeping with its aim of leadership, the College of Medicine has as fundamental obligations the attraction of a superior faculty and student body, unstinting support of research, recognition and appreciation of the gifted teacher, and, above all, establishment of an intellectual climate where students and scholars at all levels may thrive.

The College of Medicine is committed to the education of physicians and other health personnel motivated toward and capable of a high standard of professional service; therefore, it must be a storehouse of existing knowledge, the source of new knowledge, and the driving force in the dissemination and utilization of both. There are various types of professional service rendered by physicians, such as family practice, specialty practice, research, teaching, preventive medicine, and administra-

tion. The undergraduate student should have the opportunity to become familiar with several professional roles and should be exposed to the intellectual stimulation inherent in each, so that he may choose that best suited to his own goals and abilities, so that he will have an adequate foundation for further training and growth toward his selected role, and so that he will better be able to integrate his professional activities with those who have assumed other roles. The college's concern for its student cannot end with his graduation, but should continue throughout his professional career, through postgraduate medical education programs. Undergraduate experience should have inculcated the habits and desires for continued self-education.

The College of Medicine has the responsibility of searching for the superior student, attracting him to the college, and providing him with stimulation and opportunities for maximum development. The roles of student and faculty must necessarily overlap as both are needed to contribute to the educational endeavor and the intellectual environment.

The college should play a leading role in the extension of medical knowledge, and hence must attract superior teachers and investigators to its faculty, stimulate an interest in research among its students and faculty, and provide all possible support and recognition of such research efforts.

The college should be conscious of the need to deliver to the community its unique services. Inquiry into the health needs of the citizens of our state and into ways and means of providing for these through programs of health care must remain essential obligations of the college.

Inherent in the total program is constant self-examination and a willingness to change. While the College of Medicine continues its leadership in the achievement of these goals, it must remain responsive to the changing social and intellectual environments in which it exists.

REQUIREMENTS FOR ADMISSION

General Qualifications

A primary responsibility of the University of Illinois College of Medicine is to offer a program of studies leading to the degree of Doctor of Medicine. The college endeavors to select applicants who, in the judgment of the Committee on Admissions, demonstrate the academic achievement, emotional stability, maturity, integrity, and motivation necessary for the successful study and practice of medicine. The Committee on Admissions

is interested in evidence of capacity for mature and independent scholarship, and not in rigid patterns of course work. The committee will consider the quality of work of each applicant in all areas, the breadth of education, achievement in advanced projects, or work experience that demonstrates the applicant's imagination, initiative, and creativity, regardless of race, creed, color, or sex.

Specific Requirements

1. A student may seek admission to the College of Medicine with any undergraduate major. Courses in biology, chemistry through organic, physics or biophysics, and the behavioral sciences will be particularly helpful in preparing for study in the College of Medicine. However, major fields may be in the humanities, the fine arts, or the behavioral, biological, or physical sciences. Mathematics through calculus is especially recommended for those anticipating advanced work in basic or clinical research.

2. Applicants without baccalaureate degrees should be eligible to receive such a degree upon satisfactory completion of the curriculum of the first year in the College of Medicine. Students from colleges that do not grant a degree after the satisfactory completion of the first year of medicine may be considered for admission after satisfactory completion of three years (not less than ninety semester hours) of college work if such students are eligible for full senior status (eligibility to receive a baccalaureate degree after completion of the senior year) in that college.

3. All candidates must take the Medical College Admission Test as recommended and approved by the Association of American Medical Colleges.

4. Letters of recommendation are required of all applicants.

5. An interview may be requested by the Committee on Admissions or by the applicant.

Other Information

Selection Factors. The selection of students is based upon an evaluation of the quality of the data presented by each applicant and upon the changing needs of society. Except in unusual circumstances, applicants whose ages range from nineteen to twenty-seven are given preference over those who may be younger or older.

Grade-Point Average. A grade-point average is computed for each applicant, to facilitate evaluation of academic achievement.[1] The grade-

[1] In a system of four passing grades, A, B, C, and D, the grades are translated as follows: A = 5; B = 4; C = 3; D = 2. Where there are more or fewer than

point average is computed on the basis of grades recorded in the Office of Admissions and Records at the time the application is acted upon by the Committee on Admissions, and includes all grades earned both undergraduate and graduate but excluding grades earned in such activities as physical education or band. In addition to the cumulative grade-point average, the committee considers the overall education record of the applicant, including comparisons of achievement in science and nonscience courses and performances at each level of the education program.

Physical Examination. Each applicant who is tentatively accepted must have a physical examination by a physician on the staff of the University health service. A chest x-ray is also taken at this time. It is strongly urged that each applicant, after acceptance, visit his physican and dentist in order to attend to such matters as dental repairs and fitting for glasses. The student may find it difficult to have these essential things carried out without loss of time from classes.

A tuberculin test is performed on all medical students during their first year of medical school, and subsequent tuberculin tests are recommended if indicated. All students are urged to have annual chest x-rays; one is required before graduation.

Preference to Illinois Residents. In considering the applications for admission to the college, the Committee on Admissions gives preference to candidates who are residents of Illinois. Nonresidents may be accepted in numbers up to 10 percent of any incoming class. The places in the first-year class reserved for residents of Illinois are assigned to applicants from the area of Cook County and from all other counties according to the ratio between the population of that area and the total population of the state according to the latest federal census. If at any time the places available for one area are not filled, the remaining places may be assigned to applicants from the other. At the present time, the places in the first-year class assigned to Illinois residents are distributed between applicants from Cook County and applicants from counties other than Cook in approximately equal numbers.

Freedom. The academic community at the University of Illinois College of Medicine is firmly dedicated to the goals of preserving and improving the health of the community, state, and nation. The faculty, stu-

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four passing grades, the computation is adjusted to make the same level of accomplishment apply. The individual grades are multiplied by the respective number of semester hours which each represents, and the sum of these products is divided by the total number of semester hours taken. In the case of repeated courses, both grades earned are counted in computing the average.

dents, and staff have long functioned on the basis of mutual respect for the rights of others. The right of open and peaceful dissent from existing policies and practices continues to be freely available at the University of Illinois College of Medicine. The right of all members of the academic community to explore and discuss questions which interest them, to express opinions publicly and privately, and to join together to demonstrate their concern by orderly means is fully respected. Because the academic community itself is weakened when these principles are not adhered to, disruptive or coercive action will not be condoned. Persons engaging in coercive or disruptive actions shall be subject to disciplinary action within the College of Medicine, and to charges of violation of civil law, if appropriate.

Renewing Applications. An applicant who has been accepted for admission but fails to enroll, and who wishes to enter in a subsequent year, must reapply for admission as a new applicant and must meet all the requirements in force at the time of the new application.

Admission with Advanced Standing. It is possible to admit a limited number of transfer students to advanced standing in the College of Medicine. In considering applications, the Committee on Admissions gives preference to the candidates who present the strongest scholastic records. Except in unusual cases, no student who is on probation or who has been dropped for any reason from a medical school is considered for admission.

Bachelor's Degree. The College of Liberal Arts and Sciences on both the Urbana-Champaign and Chicago Circle campuses accepts a total of thirty-two hours of credit from the first year at the University's College of Medicine to enable the student to complete the requirements for a bachelor's degree as well as a medical degree in seven rather than the usual eight years. This program requires that (1) the student be in good standing in the College of Medicine; (2) work taken at the College of Medicine does not duplicate work taken in premedical courses; (3) the student complete the third or last year of premedical study, consisting of at least thirty hours of credit, at Urbana-Champaign or Chicago Circle; and (4) the student meets all requirements for graduation from the College of Liberal Arts and Sciences.

The following are the College of Medicine courses accepted by the College of Liberal Arts and Sciences and the majors to which they apply:

1. Biochemistry 301, 302, and 303, to be applied to a chemistry major or for elective credit at the upper-division level for a total of six semester hours.

2. Physiology 301, 302, and 303, to be applied to a physiology and zoology

major or for elective credit at the upper-division level for a total of ten semester hours.

3. Histology, to be applied to a zoology major or as elective credit at the upper-division level for a total of eight semester hours.

4. Gross Anatomy, to be applied to a zoology major or for elective credit at the upper-division level for a total of eight semester hours.

SPECIAL ADMISSIONS PROGRAMS

Rural Applicants. The College of Medicine cooperates with a joint committee of the Illinois State Medical Society and the Illinois Agricultural Association in a program designed to increase the number of practitioners in rural areas of Illinois. This Medical Student Loan Fund Program results each year in the recommendation of a number of candidates for admission to the College of Medicine by the fund program board. The College of Medicine Committee on Admissions accepts those recommended students who it judges are more likely to succeed in medical studies. These students agree in return to practice in a rural area of Illinois for a period of five years. Low-cost loans are made available to those who enter the college.

Further information about the program may be obtained from: Secretary, Medical Student Loan Fund Board, Illinois Agricultural Association, 1701 Towanda Avenue, Bloomington, Illinois 61701.

Minority Group Applicants. The Medical Opportunities Program began in the summer of 1969 to recruit talented young people from minority backgrounds who wished to enter the medical profession. The program is sponsored by the medical and osteopathic schools of Illinois with offices at the Medical Center campus. Prospective students are offered guidance, counseling, encouragement, tutorial services, motivational experiences such as field trips and films, and assistance in financial planning and in application to medical schools.

After enrollment in the college, assistance is offered through advisers, special study aids, counseling, and tutorials, to help each student succeed in his medical studies. Further information may be obtained from: Coordinator, Medical Opportunities Program, 845 South Damen Avenue, Chicago, Illinois 60612.

Application Instructions

Correspondence concerning applications for admission to any of the schools of the College of Medicine should be addressed to the Office of

Admissions and Records, University of Illinois at the Medical Center, 1737 West Polk Street, Chicago, Illinois 60612. The college is participating in the American Medical College Application Service (AMCAS). Applications for first-year admission are available *only* from AMCAS, Suite 301, 1776 Massachusetts Avenue NW, Washington, D.C. 20036. Applications must be received between July 1 and December 15 of the year prior to enrollment. An application fee of $20.00 is required.

The applicant must present recommendations and a report of health evaluation. Although a personal interview usually is required of each accepted student, the Committee on Admissions reserves the right to take favorable or unfavorable action on the basis of materials submitted without inviting the applicant to appear for an interview. An interview will be arranged for any applicant who requests it. Although residents of Illinois are given preference, applications from nonresidents of the state are invited. All applications when completed are reviewed individually by the Committee on Admissions and the best qualified applicants are invited to register.

Early Decision Plan. This plan is an optional procedure by which an applicant may request and receive an early decision regarding his application if the University of Illinois College of Medicine is his first choice of medical schools. Students participating in this plan must submit their applications and all credentials no later than September 1. A decision will be made concerning each applicant by September 30 so that candidates who are not offered places in the class have adequate time to seek acceptance at other medical schools.

Only a small percentage of each class is accepted by the early decision plan. Hence applicants who do not wish to participate in the plan have ample opportunity to be considered in the regular competition for the majority of the places in each class.

Detailed information concerning the early decision plan is included with the application for admission materials.

Deposits. Each applicant who is assigned a place in any class in the College of Medicine is required to make a deposit of $100.00 within two weeks of the date of notification. This deposit is applied to fees assessed the applicant at the time of registration. The entire deposit is refunded if the applicant cancels his place in the class by March 1. Fifty dollars of the deposit is returned if the applicant notifies the Office of Admissions and Records that he will not be able to enter, at least thirty days before the time for registration. The director of admissions is authorized to make refunds after that time when, in his judgment, the circumstances so justify.

FEES AND EXPENSES

All fees are payable in full when the student registers unless the installment plan of payment is elected. The Board of Trustees of the University reserves the right to change the fees at any time through publication in the annual announcements.

A schedule of fees effective at the time of publication for regular full-time students in the College of Medicine is listed below. Fees are payable for each quarter or semester at the time of registration.

	MEDICAL CENTER		URBANA-CHAMPAIGN*		PEORIA		ROCKFORD	
Per Quarter	*Ill.*	*Non-Ill.*	*Ill.*	*Non-Ill.*	*Ill.*	*Non-Ill.*	*Ill.*	*Non-Ill.*
Tuition	$294	$624	$441	$ 936	$294	$624	$294	$624
Service Fee	54	54	58	58	0	0	0	0
Hospital-Medical-Surgical Insurance Fee	21	21	37	37	21	21	21	21
Total	$369	$699	$559	$1031	$315	$645	$315	$645

* Per Semester

Late Registration Fee. Continuing students who register after the regular registration days in any quarter pay a late registration fee of $15.00.

Special Examination Fee. For any special examination to remove a failure, the fee is $10.00.

Transcript Fee. Each student who has paid all his University fees is entitled to receive without charge one transcript of his record. For each additional transcript the fee is $1.00.

Installment Fee. Students electing the installment plan for payment of tuition and fees are required to pay a service charge of $2.00. The service charge, not less than one-third of the current quarter's fees, and all fees and charges from previous terms must be paid on the day of registration. Failure to make payment of fees within the time limits cancels at once the privilege of attending classes. Registration is not completed until fees are paid in full, and no credit is recorded for classwork completed unless all fees and other charges have been paid in full.

Refunds. If a student withdraws within ten days after the beginning of instruction, refund is made of the full amount of tuition and fees assessed except for a nonrefundable charge of $31.00. After the first ten days but within the first half of the quarter, one-half of the total amount of the tuition and fees assessed which remains after deduction of the above mentioned amount is refunded.

Expenses

From $125.00 to $150.00 a month may be regarded as adequate for a student's ordinary living expenses, exclusive of books, clothing, transporta-

tion, and miscellaneous needs. The cost of books varies between $100.00 and $150.00 a year. Each beginning student is required to provide himself with a satisfactory microscope. At the Medical Center microscopes may be procured from the Illini Bookstore on a rental basis. The office of the dean, for those schools located off the Medical Center campus, will arrange for rentals through the Illini Bookstore.

REQUIREMENTS FOR GRADUATION

Doctor of Medicine

The degree of Doctor of Medicine is awarded to those candidates who have successfully completed the approved undergraduate educational program in medicine, of which at least the last year must have been spent at the University of Illinois, and who have demonstrated to the faculty of the College of Medicine a level of academic accomplishment, emotional maturity and stability, and integrity requisite to the continued study and practice of medicine.

Degree candidates must meet general University requirements with respect to scholastic achievement and the discharge of financial obligations.

Honors

A student with the requirements for graduation may be recommended by the Academic Council of the College of Medicine and the University Senate at the Medical Center campus for special honors. The honors awarded are noted on the diploma and in the commencement program.

INSTRUCTIONAL PROGRAMS

General

In its desire to provide the students of the College of Medicine with the best possible educational opportunities, the faculty has committed itself to a carefully designed and all-inclusive study of its educational programs. The All-College Committee on Educational Policy constantly reviews the programs of instruction of the component schools and makes recommendations for improvement. The Center for Educational Development, created in 1959, directs and implements reviews of existing programs and creation of new curricula.

The curriculum of each school is designed to place upon the student the responsibility for learning, and to encourage to the fullest the development of intellectual curiosity. In all years and all schools of the college, programs are designed to teach the scientific method, to promote learning by problem solving, and to develop the skills and attitudes of a mature physician.

The curricula in the basic science schools include anatomy, biochemistry, microbiology, general pathology, basic pharmacology, behavioral sciences, physiology, and genetics. In the clinical schools the teaching program is conducted in clinical clerkships in hospitals and outpatient facilities of affiliated institutions. Clinical applications of the basic sciences are emphasized in all years, especially pathology and pharmacology. Individual curricula of each school of the college are described beginning on page 26.

The academic calendar of the Medical Center, including the College of Medicine, follows the quarter system. There are four academic sessions each year of eleven or twelve weeks' duration. These sessions are designated Summer (Su), Fall (F), Winter (W), and Spring (Sp) quarters.

Elective Opportunities — Not for Credit

Several kinds of elective opportunities are offered to students in various schools of the college in addition to the regular curricula. These opportunities are described in detail in an annual brochure; they may be in research or informal course work.

RESEARCH

Many faculty members in the college are engaged in original research, in areas related to either the basic medical sciences or the clinical sciences. A list of about 300 such research programs is provided in a separate bro-

chure. Any medical student who is interested in engaging in research during the school year, during a summer vacation, or during an alternate quarter is encouraged to contact individual staff members. Research interests are widely diversified and range from basic molecular biology to patient-related clinical research. A student may gain research experience for only one quarter with some faculty members, or may expand his research experiences as a basis for a graduate thesis. Several departments in the School of Basic Medical Sciences at the Medical Center and in the Abraham Lincoln School of Medicine (Anatomy, Biological Chemistry, Medicine, Microbiology, Pathology, Pharmacology, Physiology, Radiology, and Surgery) offer the M.S. or Ph.D. degree and permit medical students to register for one of these degrees while simultaneously engaging in the medical curriculum. The experience gained from short- or long-term research with an individual faculty member constitutes an important adjunct to more formal medical education.

ELECTIVE COURSES

In addition to the courses required by the college, elective courses are offered by individual units. These courses are not for credit and are designed to meet specific needs of individual students. The faculty hopes that among these various elective opportunities its students will be able to find some program which will give an added dimension to the traditional experiences of attending medical school. Further information regarding these courses may be obtained from the office of the dean of any school. Registration in and completion of the course will be noted on the student's official transcript.

JAMES SCHOLAR PROGRAM FOR INDEPENDENT STUDY

The program for independent study has been created to provide students with an opportunity (1) to achieve the basic educational objectives of the medical school at their own pace, utilizing those physical and intellectual resources of the institution most efficiently; and (2) to acquire greater competence in some facet of the health sciences than could be accomplished in the regular curriculum. Students electing this program are expected to show greater achievement than the usual. They will be held responsible for achievement of institutional objectives, but will not be expected to adhere to the standard pattern of instruction, although they may elect to participate in some of the regular class exercises. Each student will also be expected to choose an area of concentration; although it is hoped that this interest will grow and deepen through the medical

school years, a shift in the focus of special study may in some instances be desirable.

From the class starting at the college in the fall, approximately twenty students will be selected following a three-day selection program in September. During this interview and orientation program, applicants will meet with many faculty and students already in the independent study program. In addition to interviews, special testing procedures may also be used to define the qualities that should characterize an independent scholar.

After the selection procedure, participating students will meet with faculty advisers to plan an individual curriculum, drawing from resources within and outside the college. Some students who wish to engage in original research may elect to matriculate as combined M.D.-M.S. or M.D.-Ph.D. candidates. Other students may wish to pursue their interests in a general clinical or specialty practice setting, and so design their individualized curricula to develop exceptional competence in one area.

Promotion and graduation will depend upon successful performance on certifying procedures required in the College of Medicine and upon the recommendations of the Committee on Student Promotions. In order to be designated as an independent scholar upon graduation, a student must either submit an acceptable thesis or pass an examination covering the area of his special study.

For further information, address inquiries to: Director, Independent Study Program, 1853 West Polk Street, Chicago, Illinois 60612.

SCHOOL OF BASIC MEDICAL SCIENCES AT THE MEDICAL CENTER

In the fall of 1971, the faculty of the School of Basic Medical Sciences at the Medical Center began implementation of a new curriculum designed to meet one overriding objective: "to educate our students as physicians, to apply to the limits of available knowledge the concepts of basic science in the prevention, evaluation, and amelioration of human diseases." To make the year of study in the School of Basic Medical Sciences most useful, the curriculum has been structured along "organ system" lines. It is in such a frame of reference that the information learned will be subsequently used. Most often disease processes become apparent in the decompensation of particular body organs or organ systems. This is evident in the observation that diagnoses such as "heart trouble," "kidney disease," or "neurologic problem" are familiar terms even to laymen.

However, such a curricular structure is not ideal. There is a need to consider certain basic science phenomena out of a clinical context; such phenomena cannot be understood unless they are analyzed in pure form at a relatively high level of abstraction. For this reason, selected elements of the various basic medical sciences are taught without reference to specific disease states. Examples include the basic vocabulary of biochemistry, concepts of chemical equilibria, fundamental aspects of virus-host cell interaction, membrane phenomena, and the structure and physical properties of various proteins, carbohydrates, and lipids. These subjects are normally considered part of such classic basic sciences as biochemistry and microbiology, and are so identified in our curricular schedules summarized in the table (see p. 27). Organ system presentations which require contributions from fields such as anatomy, biochemistry, physiology, or genetics, are designated as "themes" in this table.

There are several other features of the new curriculum which deserve comment. It is important for students to understand not only *what* they must know, but *why* they must know it and *how* what they know is applicable to the treatment of patients. To facilitate such understanding, the faculty from the School of Basic Medical Sciences has worked closely with the clinical faculty to develop a series of Disease-Oriented Programs (DOPs) for inclusion in the first-year curriculum. These presentations are generally given at the conclusion of a theme or organ system section and are an illustrative application of the basic science concepts just covered. DOPs frequently involve participation of actual patients with clinical problems related to the organ system under consideration. Thus far the DOPs have been enthusiastically received by the first-year class.

For any educational effort to succeed, it is essential that both students and teachers have the opportunity to measure the student's progress. A series of diagnostic examinations are given at the end of each major portion of the curriculum. The questions on these examinations are prepared by the faculty members teaching the subject material in lecture and laboratory, are reviewed by an interdepartmental committee of experts, and are structured by the testing service of the Center for Educational Development. At the completion of an examination, the students turn in an answer sheet but retain a copy of their responses along with the questions. Immediately after the examination, the teaching faculty joins the entire student group for a one- to two-hour postmortem of the diagnostic examination, discussing both the questions and their appropriate answers. Through this mechanism, the students are able to measure their progress in understanding the material covered by the examination, and can take

Scheduled Class Presentations for First Year Students, SBMS-MC

The ne or Domain	Lecture Hours	Laboratory Hours	Optional Hours	DOP* Hours	Examination Hours
FALL QUARTER					
Gross Anatomy	10	29			3 Diagnostic 3 Skills
Biochemistry	42				
Genetics	5				
Histology	6	4			
Pharmacology	5				
Physiology	4				
Blood	18	2		2	3 Diagnostic
Nerve-Muscle	38	11		2	3 Diagnostic
Connective Tissue, Bone, and Skin	16	5		2	
Behavioral Science	15				
WINTER QUARTER					
Cardiovascular	18	8	1	2	3-4 Diagnostic (with Pulmonary)
Biochemistry	8				3 Diagnostic
Behavioral Science	24		2		
Pulmonary	9	11	1	2	3-4 Diagnostic (with Cardiovascular)
Gastrointestinal	17	5 (+3 with Liver-Spleen)		2 (+2 with Liver-Spleen)	
Liver-Spleen	20	3 (+3 with G.I.)		2 (with G.I.)	3 Diagnostic
Nutrition	16			3	3 Diagnostic
Renal	21	8		2	3 Diagnostic
Central Nervous System	19	12	2		
Gross Anatomy					1 Diagnostic 3 Skills
Histology					2 Diagnostic 3 Skills
SPRING QUARTER					
Central Nervous System	38	10		2	2 Diagnostic
Endocrine-Reproduction	30	13		4	2 Diagnostic
Microbiology	38	20			3 Skills +2 Diagnostic (with Host-Defense)
Host-Defense	38	20		2	2 Diagnostic (with Microbiology)
Gross Anatomy	8	36			3 Skills

* DOP: Disease-Oriented Program

the necessary steps to correct deficiencies. The diagnostic examinations have proven very popular with the students and faculty and have been of great value in further refining the instructional program.

The College of Medicine values independent study highly. The real job of any faculty is to facilitate learning by the student, to guide the student in his search for understanding; the basic responsibility for learning rests with the student alone. For this reason much effort has been spent to provide students with self-study aids, outlines, references, and self-assessment devices. It is our conviction that the best way to maintain competence, through the long years of a professional career, is the early and sound development of self-study habits. So far as is possible, we allow students to learn at the rate and by the methods which best suit them individually.

Within the School of Basic Medical Sciences there are many elective offerings available. These range from courses in the Graduate College to informal seminars and discussion sessions on subjects of special interest. These and the opportunities for research are more than can be taken advantage of, even by the most gifted students with the most intense desire to learn.

One final comment: the faculty of the School of Basic Medical Sciences has one chief task, to *help* the student embarking on a medical career to learn those things he must know and use in the practice of his profession. The faculty approaches this task with dedication, and offers to each entering student an education limited only by that student's ability to learn.

ANATOMY

Professors: K. A. Rafferty, Jr. (Head of Department), E. L. DuBrul, R. F. Inger, O. F. Kampmeier (Emeritus), R. H. Krehbiel, A. LaVelle, H. C. Maibenco, H. Monsen, J. C. Plagge, E. H. Polley, S. R. M. Reynolds (Emeritus), A. J. Schmidt, G. von Bonin (Emeritus), R. Zangerl, A. A. Zimmermann (Emeritus)

Associate Professors: H. R. Barghusen, P. A. Casella, A. F. Cipolla, N. Lemkey-Johnston, Y. Joranson (Emeritus), L. G. Khedroo, K. F. Liem, W. A. K. Reynolds, R. P. Scapino, P. J. Van Alten, F. A. Vicari

Assistant Professors: C. H. Anderson, J. R. Bolt, J. A. Colgan, J. L. Cracraft, M. M. Kernis, F. H. Wezeman, A. E. E. Zaki

Lecturer: A. A. Hirata

Instructor: T. R. Johnson

The offering in anatomy combines material from the traditional tripartite divisions of gross anatomy, neuroanatomy, and microscopic anatomy, and integrates

these with core offerings of other basic science departments. Dissection of the body (gross anatomy) begins early and continues throughout the year. Offerings in microscopic anatomy begin with cell structure and the organization of basic tissues, since these are necessary for understanding the structure and function of all body structures. As particular organ systems are taken up in the integrated curriculum, appropriate microscopic anatomy (histology) is introduced. Most of the offering in neuroanatomy occurs later in the year, again in integrated form, and largely in collaboration with offerings of the Departments of Physiology and Pharmacology. Delayed emphasis upon the neurosciences serves as a basis for integration and review of material dealing with the major organ systems.

Laboratory experience is especially important in anatomy, with direct study of the human body and its components. Much time is spent in use of the microscope and in dissection, in addition to formal lectures. Clinically-oriented presentations are frequently given in the first year and often emphasize anatomical features as a prime basis for understanding pathological processes.

BIOLOGICAL CHEMISTRY

Professors: A. Nisonoff (Head of Department), O. Bergeim (Emeritus), S. B. Binkley, M. K. Horwitt, H. Jeffay, C. A. Johnson (Emeritus), T. C. Myers, S. T. Nerenberg, B. Weissmann

Associate Professors: C. C. Doughty, M. S. Hanlon, R. Kathan, J. Molnar, N. Ressler, E. B. Titchener

Assistant Professors: D. F. Albertson, C. Arsenis, A. D. Barton, E. G. Brunngraber, B. Century, R. D. Coleman, T. O. Henderson, S. N. Millner, K. R. Swiatek, M. Tao, J. C. Vary, L. A. Witting

Research Associate: H. J. Kugler

Instructors: S. Z. Schade, S. B. S. Stewart

Biological chemistry is a science in which the fundamentals of the different branches of chemistry (organic and physical) and biology are combined to achieve a better understanding of the chemical constitution and processes of the living organism. Two general aspects extend the sciences of anatomy and physiology into the realm of the invisible: chemical structure is anatomy at the molecular level; the study of the chemical processes of the living organism is physiology at the molecular level.

During the first year of medical school, biological chemistry is taught at two levels. One part of the course is designated as 'domain'. In this segment the fundamentals of structure and the function of biologically important substances are described. Other aspects of basic biochemistry are introduced as parts of 'themes', which encompass organ systems, such as blood or kidney. Within the 'themes', all aspects of a particular organ system are covered. An effort is made to discuss the biochemistry of an organ with a comprehensive view of the anatomy and chemical processes which take place within the organ. This lays a

foundation upon which the student should build, as other subjects are studied, to receive the full benefits of the application of chemistry to clinical medicine. Later in the medical curriculum, elective courses are offered which cover the biochemistry of disease processes in greater depth.

Instruction in biochemistry has three principal objectives: (1) to teach students to think in chemical terms about physiological processes and changes; (2) to develop an appreciation of quantitative thinking and action; (3) to familiarize students with some of the more important clinical chemical concepts. Aspects of biochemistry related to abnormal as well as normal functional processes are stressed.

Advanced study and research is available for those students who wish further experience in this field. Those interested in pursuing a career in medical biochemistry should consider the possibility of entering the combined M.D.-Ph.D. program; for further information consult the department.

CENTER FOR GENETICS

Professor: C. Cohen (Director of Center)

Assistant Professors: H. M. E. Pashayan, R. G. Tissot

The Center for Genetics serves to introduce genetics into medical education at all levels, and acts as a focus for members of the University who are interested in genetics or genetic approaches to their particular discipline. The center includes both full-time members and participating faculty from other departments.

The specific aims of the center are: to provide instruction in genetics in the medical curriculum; to provide, when necessary, formal courses in fundamental genetics for other colleges and curricula at the Medical Center; to present a curriculum leading to advanced degrees in genetics as well as to develop elective courses in various areas of genetics; to provide a means of communication within the Medical Center on genetic topics through seminars and short courses; to provide research information and materials for investigators who wish to use mammalian materials of known genetic constitution; to provide a genetic counseling service to the community; and to develop information and counseling programs to accompany large-scale epidemiological studies.

MICROBIOLOGY

Professors: S. Dray (Head of Department), T. O. Anderson, F. W. Deinhardt, G. diMayorca, S. P. Gotoff, J. E. Kempf, A. S. Markowitz, E. E. Vicher

Associate Professors: B. R. Andersen, P. Baram, S. L. Gorbach, C. W. Hammond (Emerita), R. Haque, N. Khoobyarian, K. L. Knight, A. V. Kroe-

GER, L. J. LEBEAU, R. L. NORTHROP, R. W. PUMPER, H. REITER, W. I. TAYLOR, E. J. J. WAWSZKIEWICZ, A. WIDRA

Assistant Professors: H. AINIS, C. G. BELL, R. G. CRISPEN, D. A. GIACOMONI, H. S. KANTOR, R. A. MURPHY, R. E. PAQUE, A. SOLLER

Research Associates: L. ARNOLD, S. C. BRATCHER, F. P. GAVITT, W. L. HUNT, G. J. SHRAMEK, V. J. YAKULIS

Instructors: L. D. FARRELL, W. LANDAU, B. MARCZYNSKA, G. A. MOLINARO

The courses in microbiology and immunology, concentrating on a study of infectious agents and host defense, are offered during the third quarter of the first year. One course emphasizes understanding the fundamental properties of microorganisms and the way various microorganisms cause infectious diseases. The other course is concerned with the basic principles of immunology and the host nonspecific defenses as well as the immunologic mechanisms which lead to hypersensitivity, disease, or immunity. The laboratory is designed to provide an appreciation of the techniques used in investigative and diagnostic microbiology and immunology, and to help students develop a critical attitude toward the interpretation of experimental data, especially in reference to diagnostic problems.

Courses — First Year — Core Curriculum

Microbiology and Immunology (Immunology and Host Defense). Chemistry of antigens; antibodies; immunogenetics of blood and serum groups; histocompatibility genes; nonspecific immunity; immunological mechanism of diseases involving hypersensitivity and auto-immunity; transplantation and tumor immunology; immunity and resistance. The course has four lectures and two laboratory hours each week.

Microbiology and Immunology (Microorganisms as Agents of Human Diseases). Morphology, growth, nutrition and metabolism of bacteria and viruses; action of antibiotics and other antimicrobial agents; microbial genetics; consideration of individual bacteria, viruses, fungi, and protozoa as microbial agents of disease; pathogenicity of microorganisms. The course has four lectures and two laboratory hours each week.

An alternate quarter program is also available to students in the clinical schools.

PHARMACOLOGY

Professors: K. R. UNNA (Head of Department), E. G. ANDERSON, H. FEINBERG, R. R. LLINAS, W. R. MARTIN, E. W. MAYNERT, M. P. SCHULMAN, T. R. SHERROD

Associate Professors: P. H. BOGNER, T. J. MARCZYNSKI, L. F. SOYKA

Assistant Professors: R. L. FOREMAN, R. D. GREEN, L. ISAAC, D. R. JASINSKI, G. KARMOS, E. W. KENT, M. RADULOVACKI

Lecturers: V. A. Drill, H. Isbell, I. H. Slater

Research Associates: J. V. Mandlik, B. H. Moon

Instructors: R. A. Levy, P. A. Mansky

Pharmacology deals with the qualitative and quantitative aspects of the action of drugs upon living organisms. The required courses in pharmacology acquaint the student with the properties and mechanisms of action of drugs used in diagnosis, prevention, and treatment of disease, thereby providing a rational basis for therapy.

Modern pharmacology includes pharmacodynamics, chemotherapy, toxicology, drug metabolism, psychopharmacology, and pharmacotherapeutics. Pharmacodynamics studies the effects of chemical agents on cell function by experimentation on living tissues ranging from cell fractions to the whole organism; these drug-induced alterations in function and metabolism are measured by methods which are common to pharmacology, physiology, and biochemistry. Chemotherapy is the study of selective toxicity of drugs for microorganisms and parasites; studies of compounds designed to exert a selective toxicity for neoplastic cells form the basis of cancer chemotherapy. Toxicology studies the noxious action of chemical compounds and the means of combating their inimical effects. Psychopharmacology explores the effects of drugs on mood and behavior employing, among other procedures, psychometric methods developed by psychologists. Therapeutics deals primarily with the clinical use of drugs, their action, effectiveness, and indications and contraindications in treating patients presenting signs and symptoms of abnormal functions.

Pharmacology is interwoven with all medical sciences. A clear comprehension of the chemistry of drugs and the biochemical and physiological response which they may influence is prerequisite to the interpretations of pharmacodynamics. An understanding of the effects of drugs on pathological processes requires an understanding of the normal anatomy and the pathology of the structures affected.

Pharmacology is also closely connected with all branches of clinical medicine; rational medication is based upon accurate diagnosis and a concise knowledge of the action of the drug prescribed, either to combat the cause of the disease or to correct a dysfunction caused by the disease.

PHYSIOLOGY

Professors: A. V. Wolf (Head of Department), P. O. Bramante, R. Greenberg, A. F. Grimm, R. C. Ingraham, A. C. Ivy (Emeritus), J. P. Marbarger, S. F. Marotta, A. Omachi

Associate Professors: P. L. Hawley, R. F. Loizzi, T. M. Saba

Assistant Professors: D. L. Ford, G. L. Humphrey, S. M. Kilen, A. J. Miller, C. D. Sladek, M. L. Standish, D. R. Strombeck

Lecturer: H. E. Himwich (Emeritus)
Research Associate: W. E. Marshall

Physiology is the study of living organisms, organs, tissues, and cells with emphasis on their normal functions. It utilizes the knowledge, concepts, and techniques of the physical and mathematical as well as the biological sciences, but it remains a distinct discipline.

The program for medical students deals mainly with human and mammalian physiology. It is offered as part of a comprehensive core of basic medical sciences, including anatomy, biological chemistry, microbiology, genetics, and pharmacology. The program provides a sound basis for the curricula of the clinical schools, for medical practice, or for graduate studies. In addition, the department offers electives for didactic or laboratory work, including an extended roster of courses listed in the Graduate College catalog.

Research activities of the department span major subdisciplines including physiology of cells, heart, respiration, liver, kidney, neurophysiology, endocrinology, biophysics, energy, water and electrolyte metabolism, and bioengineering.

Interested students are encouraged to pursue advanced work in physiology in the Graduate College program of the department. Candidates for the combined M.D.-Ph.D. degrees are welcome; opportunities may be explored in consultation with staff members.

SCHOOL OF BASIC MEDICAL SCIENCES AT URBANA-CHAMPAIGN

Dean: D. K. Bloomfield

Professors: J. D. Anderson, L. Barr, D. K. Bloomfield, J. W. Drake, L. P. Hager, M. J. C. Martin, R. E. Shelton, G. Weber, W. R. Zemlin

Associate Professors: J. M. Clark, Jr., J. C. Cooley

Assistant Professors: D. J. Barker, W. L. Daniel, V. F. Feldman, M. G. Gabridge, J. S. Gallagher, R. L. Gumport, J. A. Harris, B. S. Katzenellenbogen, W. O. McClure, R. L. Switzer, R. P. Taylor

Clinical Associates: B. D. Adams, R. C. Adams, R. E. Aigotti, W. F. Anderson, J. O. Ankenbrandt, R. C. Arnold, J. L. Bailen, R. S. Baller, H. J. Banton, S. Barnett, R. A. Baylor, Jr., C. J. Belber, J. R. Boatright, S. J. Bobowski, J. A. Bostrom, R. G. Bowen, J. D. Brodsky, R. W. Brunner, W. L. Brunswick, M. K. C. Buetow, E. W. Cavins, C. L. Chu, J. C. Cleveland, E. M. Collins, J. B. Corbett, P. H. DeBruine, L. S. Dickinson, R. A. Dougherty, R. E. Dukes, M. E. Ehrhardt, W. R. Elghammer, J. G. Ellis, H. English, E. R. Ensrud, R. A. Ewald, G. E. Fagan, H. J. Failor, H. P. Friedman, C. Gianturco, M. R. Glaser, E. E. Goldberg, E. Greenberg, C. Greenstein, W. E. Greenwold, E. R. Grigg, E. J. Gritti, E. P. Grogg, D. R. Hamilton, D. M. Hayes, E. P. Hays, R. B. Helfrich, H. A. Hindman, Jr., W. K. Hite, M. W. Hollowell, B. S. Hopkins, Jr., V. L. Houck, J. H. Houseworth, R. M. Hoyne, M. W. Huffman, J. D. Hull, G. E. Irwin, Jr., J. J. Jemsek, L. F. Kaiser, A. F. Karich, J. B. Kaufman, T. A. Kiersch, M. Koeck III, H. J. Kolb, M. Korry, F. J. Kresca, M. H. Kulwin, J. M. Laidlaw, F. L. Lesko, S. L. Levin, G. S. Lietz, H. Little, A. E. Livingston, A. M. Lo, G. R. Locke, P. C. Lynch, L. E. Massie, J. C. Mason, Jr., A. R. Matteson, C. A. McClelland, W. M. McCormack, H. P. McGinnes, W. L. McLane, L. E. McNeill, T. P. McNeill, A. F. Menguy, O. J. Michael, T. T. Mitchell, K. R. Montaz, J. A. Moore, I. Morhaim, D. W. Morse, C. T. Moss, Jr., R. D. Mussey, D. A. Palacios, R. J. Parker, C. Perez-Manzano, L. G. Perucca, W. R. Petersen, A. A. Peterson, G. O. Pfeiffer, J. W. Pollard, T. E. Pollard, G. L. Porter, A. J. Rarick, L. K. Richards, B. H. Robbins, Jr., B. E. Robinson, W. Rohde, J. F. Rojas, C. F. Roland, A. Rome, D. Ross, W. Rothes, R. B. Rowe, R. M. Rudisill, D. G. Rumer, F. H. Russ, M. J. Russo, R. E. Samuelson, R. E. Schaede, M. J. Schrodt, G. L. Seitzinger, J. R. Shackelford III, W. T. Shaffer, C. R. Shepardson, C. J. Sigmund, Jr., W. C. Simon, T. R. Skaggs, E. K. Sleator, B. B. Smiley, W. C. Smullen, S. E. Smith, Jr., D. A. Sorg, R. E. Sostheim, M. Stefanini, J. A. Stephens, L. A. Steward, L. M. T. Stilwell, P. R. Stubing, F. Sukkar, A. Sweet, R. F. Swengel, L. W. Tanner, A. M. Taylor, R. P. Taylor, S. W. Thiel, R. E. Tirona, W. J. Toland, F. B. Toledo, L. Trupin, R. J.

Twohey, R. J. Van Cleave, H. E. Wachter, J. B. Waller, C. H. Walton, P. C. Webb, I. Weissman, R. E. Welke, H. L. Wibbels, B. T. Williams, V. S. Wojnar, R. L. Wolf, Jr., H. E. Wolfe, Jr., J. L. Wright, P. W. Yardy, J. A. Zalar, Jr., E. N. Zinschlag

Instructors: L. M. Langdon, W. E. Sorlie

Curriculum

The School of Basic Medical Sciences at Urbana-Champaign (SBMS-U) has organized a basic science curriculum to provide the beginning medical student with the knowledge and skills necessary to enter a clinical training program for the completion of the M.D. degree. In each of several disciplines he must: (1) learn the discipline language; (2) be able to interpret data related to the discipline and have a familiarity with current literature; (3) be able to interpret signs and symptoms of diseases in terms of basic science principles; (4) achieve minimum passing levels on internal comprehensive examinations; and (5) gain self-instructional skills that will allow him to keep up-to-date with his field.

Students study independently, without formal lectures and laboratories; clinical problems are stressed. The student works in close association with a practicing physician (M.D. Adviser), and acts as a beginning doctor in defining and understanding basic medical science aspects of clinical problems. Patients are seen by the student in the hospital, clinic, emergency room, and the doctor's office.

In the first year, the student will study as many as thirty clinical problems (such as peptic ulcer, pregnancy, coronary heart disease, and emphysema). The following basic medical sciences are covered in the first year curriculum: anatomy, biochemistry, microbiology, immunology, physiology, pharmacology, pathology, histology, neuroanatomy and neurophysiology, genetics, behavioral sciences, community medicine, and the art of history and physical diagnosis. The student can make use of biological knowledge from undergraduate study, but the curriculum allows students with varied backgrounds to participate.

Beginning students take a proficiency examination to determine whether they are sufficiently prepared in the basic medical sciences to go directly into clinical training. The academic curriculum begins with a week of instruction and experience in history taking and physical examination, hospital use and organization, role expectations, use of the learning resources center, doctor-patient relationships, and introduction to the basic science curriculum. The rest of the year is spent mastering the basic science curriculum at an individually geared pace.

All subject material in the basic science disciplines has been or-

ganized and related to one or more clinical problems by a team of basic scientists and practicing physicians. Each unit includes learning objectives, key words, textual and other resource references, and self-testing material.

Upon completion of each clinical problem, the student, in consultation with his M.D. Adviser, determines when he is ready for comprehensive evaluation. Final evaluation for each clinical problem consists of a written basic science exam and an oral clinical-basic science correlation exam administered by another practicing physician (M.D. Evaluator). Following evaluation, the student is counseled to meet specific deficiencies before beginning another problem.

The SBMS-U program is based on the following assumptions:

1. All students admitted to the medical program have the ability to achieve the M.D. degree.
2. It is possible to define what the student should learn in the basic medical sciences. Learning more than teaching is emphasized and the burden of progress is on the student.
3. Speed is less important than understanding. The student's capability is the only limiting factor in his education.
4. Basic medical science education has several approaches, and can be adapted to individual learning styles and varieties of motivations.
5. The fundamental goal of a medical school is to train the individual as a physician, not a specialist. A physician is an individual who can deal with any medical problem in a logical manner either by direct care or proper referral.
6. Basic medical science which is pertinent to the medical education of the student is pertinent to the physician in practice.
7. Practicing physicians have talent and enthusiasm for teaching. Their involvement insures relevance in the educational process and provides opportunities for continuing education.
8. Medical education and continuing education may be carried on simultaneously so that the student, the practicing physician, and the community are best served.
9. Basic medical sciences should be taught in an atmosphere of medical care with the student learning as a doctor rather than as a graduate student.

Faculty

The role of the SBMS-U faculty is to facilitate learning and to continually revise the basic science curriculum to keep it abreast of the latest

developments in research and clinical experience. Faculty members have joint appointments in science departments. Student needs are served through student-initiated tutorials, seminars on selected topics, curriculum development, and demonstration laboratories. The clinical faculty consists entirely of physicians in full-time practice in the east-central Illinois region. They serve as M.D. Advisers, each guiding a single student through the curriculum; M.D. Evaluators, who evaluate the students at the end of each clinical problem; M.D. Consultants, who are available for student tutorials in their area of clinical expertise; and curriculum developers, who, with the basic science faculty, assure the continual development of the basic science curriculum content.

Learning Resources

The learning resources available to students on the Urbana-Champaign campus complement the individualized curriculum program of SBMS-U. The University Library has one of the largest holdings in the United States and is conveniently subdivided for use by medical students. Libraries of veterinary medicine, biology, chemistry, and psychology are available, plus a rapidly developing library of health science. In addition, the library in each of the affiliated hospitals is open to student use. The learning resources center of the school provides a growing range of the latest auto-tutorial materials. The school facilities are available on a twenty-four-hour basis for student use. Basic science and clinical consultants are readily available for tutorials.

Facilities

SBMS-U is located on the Urbana-Champaign campus of the University of Illinois, giving it access to the facilities of a major teaching and research university. The medical science addition to Burrill Hall, opening in 1972, provides 20,000 square feet of teaching and research space. Affiliated hospitals provide pathology laboratories, specialized wards, emergency and out-patient clinics, and other hospital-related facilities. These hospitals include: Burnham City Hospital (230 beds); Carle Foundation Hospital (206 beds); Mercy Hospital (250 beds); and the United States Veterans Administration Hospital (1,494 beds). Additional hospitals in the region will be affiliated as the program expands.

The Herman M. Adler Zone Center, an Illinois Department of Mental Health facility, is responsible for mental health and mental retardation programs for children and adolescents in an eighteen-county area of east-central Illinois. The program consists of both intramural

and extramural services. The intramural service provides short-term intensive care for forty-five children. The extramural program provides outpatient services and leads to community development of mental health programs in offices located in Kankakee, Bloomington, Decatur, Danville, Champaign, and Charleston.

Related Educational Opportunities

The Urbana-Champaign campus provides broad-ranging programs in most areas of academic interest. Depending upon the background with which the medical student comes, opportunities are available for advanced graduate study in any of the sciences and liberal arts.

Housing

Even though students attending SBMS-U may be assigned to physicians and hospitals within a sixty-mile radius of Urbana, students should plan for housing in the Urbana-Champaign region. Overnight accommodations in cities outside the immediate Urbana-Champaign region will be provided students when necessary.

The University of Illinois at Urbana-Champaign provides limited graduate housing. Non-University housing includes residence halls, apartments, rooms, and single unit dwellings. The housing market is tight and it is suggested that students who will study in Urbana-Champaign make arrangements well in advance of the beginning of school. General information about all housing is available through the Housing Office, 420 Student Services Building, 610 East John Street, Champaign, Illinois 61820 (Phone 217-333-1421).

Recreational Activities and Service Facilities

Student Union: Concerts, art shows, movies, dances, tournaments, cafeteria, snack bar, dining rooms, bowling lanes, billiard room, browsing library, two bookstores, information and tour guide, student organization offices, activity ticket office, duplicating services, lounges, and guest rooms.

Athletics: Intramural sports building (handball, basketball, swimming, tennis, squash, volleyball), four gymnasiums (indoor field and track facilities), numerous outdoor playing fields, ice rink, two golf courses, and archery.

The Arts: Krannert Center for the Performing Arts (four-theatre complex offering national and international performers in music, dance, and drama), Krannert Art Museum, ten movie theatres.

Student Services

Professional student services are provided in the areas of psychological counseling and academic advisement, financial aids, housing, student employment, and placement.

For Further Information

Write to: Dean
School of Basic Medical Sciences at Urbana-Champaign
University of Illinois
1205 West California Street
Urbana, Illinois 61801

Phone: 217-333-9293
217-333-9284

THE ABRAHAM LINCOLN SCHOOL OF MEDICINE

When the long-established University of Illinois College of Medicine was reorganized, the Abraham Lincoln School of Medicine was created by providing the clinical and clinically-oriented departments of the pre-existing college with a new administrative structure. Thus, while new in name and function, the Abraham Lincoln School of Medicine has a rich tradition in education, research, and patient care; an excellent, large, and experienced faculty; and a wide variety of well-established programs. While continuing the education of students presently enrolled in the traditional curriculum, the faculty and students have planned a totally new curriculum, to begin in September 1972, for the class graduating in 1975.

The Abraham Lincoln School of Medicine is organized with a dean's office and eighteen departments. For the most part, the departments reflect discrete clinical disciplines, including family practice. The faculty is organized into committees; students are members of all working committees dealing with educational affairs. The salaried faculty presently numbers about 400, the majority working full time on the West Side Medical Center campus in Chicago. Joining the full-time faculty in education, research, and health care programs are approximately 1,200 volunteer faculty members. The rapidly developing faculty members based in the Metropolitan Chicago Group of University of Illinois Affiliated Hospitals (see p. 104) are presently members of the faculty of the Abraham Lincoln School of Medicine.

Facilities

The Abraham Lincoln School of Medicine is located in an area of Chicago known as the West Side Medical Center District. The Medical Center, which is about two miles west of the main business district of Chicago, can be reached conveniently by elevated train, bus, or automobile. A wide variety of student housing is available in the area, and the rich cultural resources of Chicago are easily accessible.

The 363-acre Medical Center district is the site of the Medical Center campus of the University of Illinois, as well as many other outstanding health facilities. The Medical Center campus contains the administrative offices of the College of Medicine, the School of Basic Medical Sciences-Medical Center, the Abraham Lincoln School of Medicine, the School of Associated Medical Sciences, and the Center for Educational Development, all within the College of Medicine; the Colleges of Dentistry, Nursing, and Pharmacy; the Graduate College; the

Library of Health Sciences; the Division of Services for Crippled Children; the Medical Research Laboratory; the Research Resources Laboratory; and the University Hospital.

The principal teaching hospitals of the Abraham Lincoln School of Medicine on the West Side Medical Center campus include the University Hospital with its Eye and Ear Infirmary; the West Side Veterans Administration Hospital (a Dean's Committee hospital affiliated with the Abraham Lincoln School of Medicine); and the large and well-known Cook County Hospital. The nearby State Department of Health Hospital and Clinics, the Illinois State Psychiatric Institute, and the Illinois State Pediatric Institute are locations for student teaching. The Hines Veterans Administration Hospital, located a few miles to the west, offers a wide range of learning opportunities for Abraham Lincoln School of Medicine students.

Rapidly growing in importance to the school's educational programs, the Metropolitan Chicago Group of University of Illinois Affiliated Hospitals presently serves Abraham Lincoln students by providing a variety of educational programs varying from traditional clerkships to experimental office practices. These six large and excellent community hospitals offer programs which complement and supplement those offered in the University Hospital. Thus, a balanced view of all types of medical experience can be gained by Abraham Lincoln students selecting from the many opportunities provided in hospitals having a total of several thousand beds.

Brief descriptions of the Metropolitan Group of Affiliated Hospitals may be found on page 104. Descriptions of the other major teaching hospitals follow immediately.

UNIVERSITY OF ILLINOIS HOSPITAL

To provide a solid core of facilities for support of educational programs based on "patient-centered" activity, the University owns and operates the University of Illinois Hospital.

The progressive 620-bed facility is located in the West Side Medical Center and consists of five major buildings: the General Hospital, the 14-story Hospital Addition, the Orthopaedic Hospital, the Neuropsychiatric Institute, and the Eye and Ear Infirmary. All are connected by an extensive tunnel system.

The hospital houses seventeen different departments: anaesthesiology, dermatology, internal medicine, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, otolaryngology, oral surgery, orthopaedic surgery, pathology, pediatrics, physical medicine and rehabilitation, psy-

chiatry, medical radiology, preventive medicine and community health, and surgery, which is divided into the divisions of general surgery, thoracic surgery, plastic surgery, and urology. Staff members of these departments are faculty members of the Abraham Lincoln School of Medicine.

Five modern, well-equipped intensive care units serve the hospital. The neo-natal and pediatric intensive care units are under the Department of Pediatrics, the surgical and cardiovascular intensive care units service the Department of Surgery, and the coronary care unit is operated by the Department of Medicine. Thirty-six outpatient clinics deal with all specialties and subspecialties. Some of them, including the amputee clinic and the epilepsy clinic, have achieved international recognition.

The emergency room, which includes eight examining rooms, two minor operating rooms, a complete laboratory, a radiographic-fluoroscopic installation, and two overnight observation units, handles more than 40,000 cases per year.

The hospital is also affiliated with the Valley Outpost Clinic, a neighborhood health center which serves approximately 7,000 low-income residents living in a 32-square block area directly south of the campus.

It is not the buildings or facilities that make the University of Illinois Hospital unique. An outstanding staff and a multitude of programs offer any student the opportunity to enrich his education. The attending staff is organized with full-time department heads and varying numbers of full-time staff members. All departments also include a number of attending physicians whose appointments vary from 90 to 10 percent. This balance in interest and skills provides intellectual stimulus and effective supervision to resident staff and students.

Though it would be impossible to detail all the outstanding programs at the hospital, a few deserve special mention.

The Department of Nursing not only serves, it constantly searches for ways to provide the best possible patient care. In 1969, a pilot study on team nursing was initiated; it proved successful, and a nursing service team was organized. At present the department is developing a program for medical nurse associates. Nursing also started an infection surveillance program, the only one of its kind in the country. The United States Public Health Service adopted the isolation techniques used in the program for its health professions section.

At the University of Illinois Hospital the pharmacist is an integral part of the health team. The pharmacy is decentralized and operates on a "unit dose" basis. A registered pharmacist is assigned to patient

floors, where he goes beyond the basic functions of preparing and dispensing drugs by putting his knowledge to work as an essential member of the patient-care team. The Drug Information Center of the state of Illinois is located at the hospital and offers a twenty-four-hour service to physicians and pharmacists.

The Eye and Ear Infirmary, a modern four and one-half million dollar structure, is one of only five such facilities in the United States. The infirmary houses a multitude of programs, among them the glaucoma clinic, the first such in the midwest and one of the largest in the world, and the State of Illinois Eye Bank. An argon laser aids the Department of Ophthalmology in its treatment of retinal disease.

The Department of Otolaryngology, housed in the infirmary, has attained international prominence in endoscopy. Its facilities and equipment are unexcelled.

In January 1968, the Organ Transplant Center opened at the hospital. The initial work at the center has been directed toward kidney transplants. The tissue typing center for the state is located at the center. In conjunction with the kidney transplant program, a dialysis center operates twenty-four hours a day, seven days a week.

Among some of the more interesting areas is the new ultramodern pediatric cardiac catheterization laboratory which handles at least five cases per week. Patients with complex intestinal problems can find help in the esophageal motility laboratory.

The first betatron in the country to be used in cancer therapy was installed at the University of Illinois Hospital. It was recently replaced with a new theratron 80 cobalt unit.

Patients who come to the hospital form a varied group. Eighty percent come from within the Chicagoland area; twenty percent are from other parts of Illinois. Our patients represent all classes of society and most problems met by health professionals. The hospital is partially supported by the state, but is primarily self-supporting. Fees are scaled according to the patient's ability to pay.

Education for medical students in the clinical years is integrated with the actual care of patients. Thus, the student is a member of the medical care team during his transition from classroom and laboratory-centered work to his role as a practicing physician.

COOK COUNTY HOSPITAL

Cook County Hospital, operated by the Health and Hospitals Governing Commission, is a large and important facility serving the needs

of patients throughout Cook County; it is currently serving between 1500 and 2000 in-patients. The hospital is located directly across Polk Street from the Abraham Lincoln School of Medicine, and is used extensively for clerkship training by many departments. The Department of Family Practice is housed principally in Cook County Hospital, and is developing programs conjointly between the school and the hospital. Ambulatory care programs are increasingly important to the care of those served by this hospital.

WEST SIDE VETERANS ADMINISTRATION HOSPITAL

The Veterans Administration Hospital is located one block west of the school. Its educational programs are under the supervision of a dean's committee. Each member of the professional staff of the hospital is an important member of the Abraham Lincoln School of Medicine, and participates fully in the programs of the school. This large and excellent hospital adds a rich variety to the educational opportunities of undergraduate and graduate students of the school.

HINES VETERANS ADMINISTRATION HOSPITAL

This hospital is located twelve miles west of the Medical Center. It too is a "dean's committee" hospital; the committee in this case consisting of the deans of the University of Illinois College of Medicine, the Stritch School of Medicine of Loyola University, the Chicago Medical School, and the Northwestern University Medical School. The hospital facilities are used extensively for certain instructional programs, particularly alternate quarter programs.

Educational Program

The new curriculum of the Abraham Lincoln School of Medicine is designed to serve a variety of career choices. The educational programs to be implemented in the fall of 1972 will allow students to prepare for careers in medical practice, research, teaching, community medicine, medical administration, and other fields. The programs are diversified through relationships with many hospitals and other institutions, allowing a wide range of learning opportunities in a variety of medical practice settings. The educational programs will allow independent study, advanced placement, choice of major study areas, and the opportunity to pursue a major study area in depth through basic or applied research. The curriculum will be supported by a sound counselling system and effective and useful independent study aids.

A wide variety of existing programs and courses are described under departmental headings. In addition to programs offered by the Abraham Lincoln School of Medicine, elective opportunities are available in the other clinical schools, as well as in the School of Basic Medical Sciences at the Medical Center.

The principal objective of the new curriculum is to create an environment for learning in which students will:

1. develop the willingness and competence to promote and contribute to improved health care;
2. become responsible for their own continuing education; and, thereby,
3. become able to cope with the ever-changing problems of the future.

The learning environment will be sufficiently flexible to allow for differences in student backgrounds, learning rates, and career goals. Proper emphasis will be placed on development of attitudes necessary for effective interaction with individual patients, with health professional colleagues, and with society at large. The curriculum will stress rational decision making and clinical problem solving based on an understanding of the basic biological, physical, and behavioral sciences; thus the integration of basic and clinical sciences will be emphasized throughout.

The curriculum will generally encompass six categories: data gathering and recording; clinicopathophysiologic correlations; laboratory skills; therapeutics; human behavior; and attitudes, values, and habits. These will be organized into four phases, the first three devoted to 'core studies' — the knowledge, skills, and attitudes to be acquired by all students — and a fourth 'selective' phase during which students, with counsel, will structure their own program. It is presently anticipated that most students will achieve the core objectives at or about the midpoint of the three-year curriculum. Students will then be expected to progress beyond the core objectives and to demonstrate greater sophistication or achievement in one or more areas of medicine.

An experience in general pathology will precede the initial core clinical phase, being prerequisite to the skills of clinical problem solving which will be central to the core curriculum. The clinically oriented *Phase I* will emphasize clinical and laboratory data-gathering and recording skills. Interviewing and patient examination will be stressed, and students will be instructed in appropriate laboratory examinations. Students will learn to record and present the acquired data in the form of a problem-oriented medical record. Concomitant Phase I objectives will include the development of rapport with patients and the recognition of different patient personalities; in essence, the beginning development of

the doctor-patient relationship. The setting for most of Phase I will be hospital wards and clinics in which patients are available to be examined by the student-physician. It is anticipated that small groups of students will work with teams of instructors in these settings.

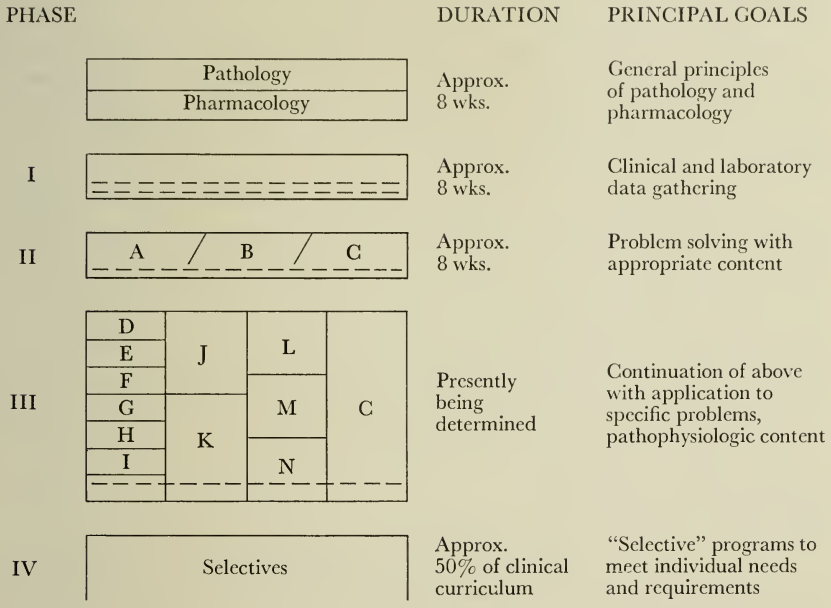
The broad objective for *Phase II* of the curriculum is the development of problem-solving skills. The student will learn about clinical problems: how to assess abnormal findings, how to interpret signs and symptoms, and how to approach the management of these problems. Achievement in Phase II will require skills acquired in Phase I; these skills will thus be reinforced and expanded. To solve clinical problems, students will continue to use the factual material necessary, including pathology, pathophysiology, radiology, and therapeutics. The accumulation of factual material is not, however, a primary goal of Phase II. Phase II will utilize a variety of settings and learning experiences, including inpatient and outpatient services, seminars, and a group practice clinic.

Phase III will continue the work of the first two phases, and emphasize pathophysiologic content and the application of what has been learned to specific medical problems. The settings for learning in Phase III, as in Phase II, will be multiple and will utilize a variety of learning methods including independent study aids.

The *Selective Phase* of the curriculum (Phase IV) is being developed to provide greater opportunity for students to identify those areas of medicine for which they have special interest and aptitude and to select educational experiences that are most relevant to their postgraduate goals. Although goal oriented, the selective phase is not intended to promote premature specialization. The program will accommodate both students who do not have clearly defined post graduate goals and students who do. A major function of the selective phase is to provide the opportunity for students to select experiences that will help them to identify areas of greatest interest, without premature commitment to one or another goal. Since many disciplines contribute to the undergraduate educational process leading to any particular goal, multidisciplinary experiences in relevant clinical, behavioral, and basic sciences will be encouraged. The main intent of the selective phase of the curriculum is to provide maximum opportunity for students, with advice from their counsellors, to develop educational programs which best meet their individual needs.

Progression of students through the core phases and into the selective phase will be determined by the demonstration of achievement of the phase objectives, rather than by the passing of courses or time.

The intent of the faculty and students in developing this curriculum has not been to establish a single "ideal" curriculum, but rather to provide a number of alternative pathways through which students may acquire the requisite knowledge, skills, and attitudes expected of all graduates of the Abraham Lincoln School of Medicine. It is also a curriculum designed to allow for continuous, ongoing evaluation, modification, and change. The organizational pattern of this curriculum is diagrammed below.



Note: Dotted lines indicate that students may demonstrate competency at different times and proceed to objectives in the next clinical phase. The letters refer to alternative settings and learning experiences.

DERMATOLOGY

Professors: A. Rostenberg (Head of Department), T. Cornbleet (Emeritus), A. H. Slepyan, F. J. Szymanski, L. F. Weber (Emeritus)

Associate Professors: W. E. Bailey, S. Barsky, S. W. Becker, Jr., C. W. Finnerud (Emeritus), M. B. Kirschenbaum, M. Medenica, I. Neuhauser

(Emerita), M. O. Perlstein (Emerita), B. Potter, M. Robin, L. M. Solomon, L. E. Tavs

Assistant Professors: S. Bielinski, I. H. Distelheim, N. B. Esterly, D. F. Fretzin, E. Mandrea, R. S. Medansky, E. S. Peterka, T. V. Rajkumar, L. Rubin, E. M. Smith (Emeritus), O. C. Stegmaier, D. Temple

Lecturer: G. S. Kass

Associates: B. J. Carder, Jr., D. R. Dolansky

Instructors: I. Aleshire (Emerita), A. T. Altman, R. I. Bernstein, K. J. Desai, S. A. Diamond, R. M. Handler, M. H. Klapman, C. L. Kroll, M. Levitan, W. L. Schmerold, H. M. Spinka

Diseases of the skin comprise a high proportion of the cases seen by physicians. Many skin lesions have a systemic component and many are expressions of underlying systemic disease. It is important that all physicians, general practitioners and specialists alike, become familiar with the skin and learn to recognize the clues it may give to diagnosis.

A course of lectures covering the most common diseases of the skin is given as part of the clinical lecture program. Emphasis is placed on the diseases most likely to be seen in practice and on those having systemic significance. Consideration is also given to the diagnosis and treatment of industrial dermatoses and to the preventive measures that are available. The role of allergy in dermatology and the psychosomatic aspects of skin diseases are considered. Syphilis from the point of view of morphologic diagnosis, serologic diagnosis, and therapy is considered. Colored lantern slides both of clinical cases and histopathologic sections are used extensively as visual aids.

Required Clinical Courses

350. Lectures on Dermatology and Syphilis. As part of the clinical lecture program a formal coverage of the field of dermatology is presented by means of kodachrome slides and demonstrations in a series of one-hour sessions.

376. Clinical Dermatology. The presentation of cases with a discussion of diagnosis and therapy. Each student is assigned patients and is required to take a history, examine the patient, and attempt a differential diagnosis by describing the lesions and their distribution. Therapy is discussed. One of the attending staff supervises the work.

Demonstrations are given of various procedures, such as punch biopsies, freezing technics, cauterization, and electrodesiccation, for the diagnosis and treatment of skin lesions. One-half day a week during the pediatric clerkship. Su, F, W, and Sp.

Alternate Quarter Program

Two types of alternate quarter experiences are afforded:

Clinical: 399A. An alternate quarter in clinical dermatology can be a full-

time or a part-time experience. It includes ward rounds, attendance at the outpatient clinics, and participation in departmental courses in physiology of the skin, examination of the dermatological patient, mycology, dermatohistopathology, and immunology. The student will also participate in the Journal Club and in a seminar at which he will present selected subjects.

The alternate quarter enables the student to observe selected patients from the time of their first visit. He will evaluate them from a diagnostic point of view and follow them to observe the result of therapy. Opportunities for special diagnostic procedures, such as the punch biopsy, the direct microscopic examination for fungi, and the observation of the patient by Wood's light, will be given. In addition to this, the student will have the opportunity of treating simple skin lesions by destructive procedures, such as excision, fulguration, and desiccation.

Experimental: 399B. An alternate quarter in experimental dermatology is offered as a full-time course. This includes participation in courses in biochemistry and physiology of the skin as well as seminars in current literature relating to investigative dermatology.

Experimental techniques of investigative dermatology will be demonstrated and used. This includes studies in cutaneous immunology and biochemistry by means of experimental animals, as well as clinical investigation. The student has the opportunity to initiate, plan, and follow through a dermatologic study.

Length of program: The clinical dermatologic alternate quarter may be elected for a minimum of six weeks as a half-day experience to a maximum of nine months as a full-time experience. Other possible time selections are available between these extremes. Su, F, W, Sp.

Experimental dermatological alternate course 399B may be elected for six or nine months. Su, F, W, Sp.

Elective Courses — Not for Credit

360. The Clinical Physiology of the Skin. The anatomy, physiology, and biochemical function of the skin is reviewed. Its relation to the body as a whole and its function in environmental homeostasis is stressed. The course endeavors to show how the skin aids in temperature regulation and protection from noxious influences. Its immunologic properties are discussed and the cutaneous results of inborn errors of metabolism are illustrated. Prerequisite: Physiology 301 and 302, and Biochemistry 301 and 302, or equivalent. F.

361. Examination of the Dermatologic Patient. Practical instruction is given in examination of the skin, with particular emphasis on systemic disease. Students are trained to describe the patient's eruption. Particular attention is given to cutaneous clues to systemic disease. A specialized approach to

taking a history from the patient with skin disease is stressed. Groups of six students meet weekly for a two-hour session. Sophomores. W.

362. **Histopathology of the Skin.** Opportunity is afforded for correlation of gross pathologic change (i.e., the patient's lesion) with the histopathologic changes. Most of the time is spent in study and discussion of sections of common dermatoses and cutaneous neoplasms, on the basis of integration with principles of general pathology. Sophomores, juniors, seniors. Limited to five students. Sp.

363. **Seminars in Dermatology.** Selected topics in basic physiology, biochemistry, and immunology of the skin are discussed in depth, with active participation by the students. Prerequisites: Biochemistry 303, Physiology 303. Sophomores, juniors, seniors. F, W, Sp.

364. **Ultrastructure of Normal Human Skin.** A short introduction to the technique of electron microscopy and a description of the cell ultrastructure will be followed by a description of the ultrastructure of normal epidermis and dermis and their constituents and contrasted with some selected pathological conditions. Simultaneous light and electron microscopic micrographs will be shown. Prerequisite: Anatomy 302, Human Histology.

FAMILY PRACTICE

Professor: G. E. Tomlinson (Head of Department)

Associate Professor: K. F. Kessel

Assistant Professors: L. Callaway, Jr., D. D. Dettore, V. E. McBryde, J. Prieto

Clinical Associates: I. S. Belgrade, G. A. Bica, A. Bolino, F. W. Brown, Jr., J. A. Cari, M. Cermak, T. A. Davis, S. K. Guerrero, Jr., L. L. Hirsch, H. R. Hone, J. A. Hunt, W. R. Jacobs, T. Johnson, J. L. Kahn, F. W. Knoch, A. Kunis, J. E. Losada, N. N. Monitz, W. J. Nelson, R. J. Novak, J. C. Olson, O. G. Pacold, J. J. Philipp, N. H. Pracyk, A. Saltiel, I. Saltiel, E. S. Segal, A. M. Shafernich, B. E. Wagner, L. Walkowiak

The Abraham Lincoln School of Medicine and Cook County Hospital are cooperating to develop a joint Department of Family Practice. The model family practice unit will be located in the remodeled second floor of Fantus Clinic at Cook County Hospital. With the combined resources of the University Hospital, Cook County Hospital, Veterans Administration West Side Hospital, Metropolitan Chicago Group of Affiliated Hospitals, and the School of Public Health of the University of Illinois, a program of varied scope has been developed for training in the area of family practice.

The objective of the program is to properly equip and educate specialists in family practice. The emphasis is on comprehensive continued health care

delivery to the individual in his basic family unit. Preventive medicine and mental health have become as important as episodic treatment and physical well-being. The resident is taught the economic factors involved in the delivery of health care, as well as purely medical factors.

Alternate-quarter students at the junior and senior level will be taught the fundamentals of patient contact. Collecting data, developing problem tests, and formulating plans of care using the problem-oriented medical record system will be stressed.

First-year residents (interns) will spend one-half day per week in a model family practice unit, and two four-week units of elective in an affiliated program. The balance of the first year will be spent in "block time" arrangements rotating through the various other specialty areas, on inpatient learning experience. The resident begins to assume the care of his individual family units early in the first year and follows them through his total time in the program.

Second- and third-year residents are licensed physicians in Illinois. They are assigned to pairs; each pair assumes the duties of one full-time house officer. Thus, each resident is in the model family practice unit about half of the time. The team approach is stressed throughout the training program, enabling the family practitioner to become acquainted with the complete range of available medical, paramedical, and community resources.

Weekly seminars provide insight into medical economics, office management, banking, medical law, insurance, and other related subjects.

It is possible to earn a master's degree in public health while completing family practice requirements, through cooperation with the School of Public Health. Discussions are now underway to make the family practice unit count as one year toward the certification requirements in preventive medicine.

A resident may spend elective time in Veterans Administration West Side Hospital's ambulatory service learning multiphasic screening techniques. Many other programs are available, in the Medical Center district and elsewhere.

MEDICAL SOCIAL WORK

Professor: C. H. Preucil (Head of Department)

Associate Professors: K. Hepler, A. Klein, D. Large (Emerita), B. Levine, M. F. Meuser

Assistant Professors: S. P. Bladholm, L. Fassler, S. A. Foster, M. E. Goss, R. W. Helms, D. M. Johnson, D. R. Johnson, C. Kooy, G. O. Lloyd, L. E. Natusch, S. L. Price, M. V. Robinson, F. Romirowsky, I. G. Schreiber, A. C. Thompson, M. Waite (Emerita)

Research Associate: E. E. Jacobs

Instructors: D. C. Bean, D. Bullard, M. A. Davis, G. P. Durham, S. B. Gapsis, C. S. Gordon, S. C. Goulston, B. W. Jackson, J. G. Loundy,

C. S. Millman, C. L. Regier, J. Robertson, M. L. Robinson, S. S. Spitz, S. C. Steiger, J. M. Sullivan, P. Tasso, D. Tate, M. L. Toscano, C. A. Zoha

The major teaching objectives of the Department of Medical Social Work are to help students to observe and to understand the impact of illness on patients and their families, to recognize the pertinence of family relationships and other social factors in the appraisal of medical problems and in the determination of treatment, and to evaluate the significance of such factors in specific situations. In order to help the student to develop skill in carrying out these functions, the department teaches the methodology for interviewing, exploration of sources of social information other than the patient, evaluation of observations of patients and others, and use of community resources to the patient's best advantage. For medical students in the clinical clerkships, this material is integrated into the courses offered by lecture-discussions, seminars, rounds, group discussions, conferences with one or more students, and audio-visual aids.

Other paramedical students are taught similar material in a variety of clinical experiences. Each year, approximately fifteen graduate students of social work from the University of Illinois receive their clinical instruction in the department.

MEDICINE

Professors: M. D. Bogdonoff (Head of Department), D. I. Abramson, W. C. Alvarez (Emeritus), T. O. Anderson, E. M. Barton, W. R. Best, D. K. Bloomfield, D. Bronsky, J. A. Campbell, R. B. Capps, M. J. Colbert, T. J. Coogan, Sr. (Emeritus), N. V. Costea, H. F. Dowling (Emeritus), H. M. Engle, L. Feldman (Emeritus), M. Fishbein (Emeritus), E. F. Foley (Emeritus), J. J. Frankel, W. Fried, C. L. Gantt, J. J. Gold, P. Heller, W. G. Hibbs (Emeritus), F. K. Hick, H. H. Hussey, G. G. Jackson, E. Kaplan, R. M. Kark (Emeritus), F. B. Kelly (Emeritus), S. E. Krasnow, J. H. Last, R. Levitan, L. M. Limarzi (Emeritus), A. Littman, R. V. Lourenco, H. C. Lueth, R. M. Magraw, M. M. Montgomery (Emeritus), K. H. Pfuetze, C. G. Pilz, R. M. Poske, M. M. Pyle, B. Z. Rappaport (Emeritus), N. B. Roberg, F. Rodriguez-Erdmann, M. Samter, A. M. Schmidt, T. B. Schwartz, J. T. Sharp, N. E. Smith, M. A. Spellberg, M. M. Stanley, G. W. Stuppy (Emeritus), S. G. Taylor III, F. E. Trobaugh, Jr., A. VanderKloot (Emeritus), G. A. Williams, W. L. Wood (Emeritus)

Associate Professors: H. Abtahi, B. R. Andersen, R. J. Becker, R. F. Beers, Jr., M. Berg, A. Bernstein, L. H. Berry (Emeritus), G. H. Berryman, H. E. Bessinger, G. J. Brebis, H. C. Breuhaus, H. L. Browns, G. V. Byfield, A. P. Creticos, H. Dizadji, J. J. Edinburg, R. B. Epstein, J. W. Fischer (Emeritus), B. W. Fox, D. T. Foxworthy, M. Franklin, S. A.

Franzblau, M. A. Goldmann, S. L. Gorbach, A. Gunther, J. J. Hahn, B. Hall, W. M. Hamby, W. J. Hand, W. S. Harris, R. L. Herting, E. K. Hudson, H. L. Hunter, L. C. Johnston, S. M. Kahn, B. M. Kaplan, A. B. Kendrick, E. S. Krasnow, H. Levine, M. R. Lichtenstein (Emeritus), C. J. Lundy (Emeritus), F. B. Lusk (Emeritus), J. C. McMillan, Jr. (Emeritus), J. S. Mehlman, M. M. Meyer, M. M. Mosko, R. C. Muehrcke, M. A. Mufson, J. T. Paul, L. Perlman, A. S. Peterson, R. J. Pietras, I. Pilot (Emeritus), T. Z. Polley, J. M. Pouget, S. H. Rahimtoola, E. J. Ranke, A. Robbins, K. M. Rosen, S. H. Rosenblum (Emeritus), W. G. Ryan, S. C. Schade, A. F. Schick, F. D. Schwartz, H. M. Shafter, S. B. Spira, I. E. Steck, F. Steigmann, E. F. Traut (Emeritus), G. A. Vance, H. Wakefield (Emeritus), S. W. Weisberg, S. Zivin

Assistant Professors: C. Abraira, F. J. Al-Bazzaz, L. W. Allen, W. W. Ashley, S. Barrocas, A. D. Barton, F. O. Becker, F. G. Berlinger, M. S. Bhorade, J. C. Blackaller, W. V. Blazek, W. F. Boehm, Jr., A. M. Brixey, Jr., N. S. Browdy, M. Budrys, R. E. Casas, J. H. Cavanaugh, J. D. Cece, G. M. Cerchio, G. Cohen, J. C. Cooksey, G. W. Cotts, J. G. Demakis, J. A. Detweiler, R. L. Devetski, W. G. DeYoung, J. Eipe, H. A. El-Ramli, M. J. Evanich, E. W. Fisherman, W. E. Fishman, J. P. Freeland, N. K. Furlong, R. G. Gailitis, R. H. Garcia-Camilo, N. L. B. Goldberg, M. J. Goldstein, R. S. Griffin, R. W. Hedger, G. Jawad-Kanber, H. S. Kantor, L. M. Keer, K. F. Kessel, S. M. Kilen, R. Kirshen, S. Kofman, J. V. Koik, G. H. Laing (Emeritus), G. R. Lang, H. S. Loeb, W. E. Mathy, P. S. Mayer, B. R, Mayron, V. E. McBryde, N. K. Mishra, T. Morrison, R. L. Muldoon, J. R. Necheles (Emeritus), G. A. Nelson, Jr., H. Neuhaus, H. B. Nevinny-Stickel, J. R. Nora, G. T. Perry, R. J. Powers, S. J. Presley, A. J. Proskey, D. E. Rager, D. B. Rappaport, L. J. Riff, D. S. Rosset, A. N. Ruggie, S. R. Salberg, A. R. Sapienza, G. S. Scholly, W. H. Shlaes, E. D. Stanley, C. Y. Teng, L. P. Tremonti, Jr., D. E. Wilson, G. O. Zeman, J. R. Zvetina

Lecturers: G. H. Becker, G. M. Berkowitz, A. J. Carballo, W. F. Cernock, J. M. Coleman, H. M. Crystal, G. Dunea, J. P. Fairbairn, W. I. Freud, G. M. Gaertner, A. A. Gutman, W. S. Hoffman (Emeritus), E. Kammerling, A. Kerlow, H. A. Levy, E. F. Montgomery, E. W. Passarelli, O. Paul, V. E. Pollak, A. H. Rosenblum, U. L. Seffer, H. B. Shrifter, S. J. Slodki, I. J. Stern, E. K. Straus (Emerita)

Associates: T. Dinzey, K. G. Eggen, J. A. Robinson II, D. M. Schaaff, H. E. Sweeney, E. B. J. Winslow

Clinical Associates: H. I. Abzug, M. W. Aren, A. R. Aronson, T. Balsam, J. N. Bell, M. Binder, L. L. Braun, E. Butler, Jr., F. C. Carter, M. A. Colbert, D. E. Conrad, C. R. Farra, N. L. Fishman, T. R. Glatter, L. J. Grimelli (Emeritus), E. Grosz (Emeritus), A. Hoffman, E. E.

Howell, N. J. Iglitzen, T. Inoue, B. M. Jacobson, E. O. Johanet, M. H. D. Johnson, H. R. Kamenear, W. J. Kirby (Emeritus), T. E. Kio, L. Klein, W. J. Kristy, J. C. Kulis, H. Kurz, C. E. Laster, F. Madenberg, L. A. Manelli, R. L. Mann, J. J. Marrella, R. J. Matthews, G. Y. Mills, C. A. Montgomery, H. H. Muriel, N. Nadler, J. E. Neustadt, J. S. Newman, J. Oden, Jr., L. Ohringer, C. A. Otero, K. J. Patt, J. Pedron, L. C. Penev, D. M. Pogue, E. R. Priest, S. Rachlin, W. R. Reotutar, I. R. Savin, D. D. Sax, R. A. Scala, P. Schimert, A. H. Schoenwetter, E. Shulruff, A. L. Siegel, R. L. Simons, H. B. Stone, J. F. Strauss, Jr., D. L. Streicher, D. R. Swarner, R. Teplitz, E. A. Vondrasek, C. L. Williams, E. B. Williams

Research Associates: J. Danon, I. S. Goldberg, E. J. Hawrylewicz

Instructors: W. A. Adad, M. N. Aytan, L. R. Besic, U. Bhaduri, N. C. Bhoopalam, R. A. Bielinski, M. B. Blumberg, J. T. Branit, H. L. Bresler, H. B. Carag, R. Chandrasekhara, K. K. Chawla, E. L. Chua, H. B. A. Chua, R. Chuquimia, M. Daood, S. G. Dey, J. S. Dumlao, J. M. Dyniewicz (Emerita), R. Enat, E. V. Evaristo, S. Feldman, W. D. Fish, H. C. Fishman, R. F. Fucik, B. G. Gatmaitan, E. A. Georgoulis, W. T. Cogan, R. Gonzalez, L. F. Gutierrez, H. L. Jensen, E. A. Kompare, F. J. Konicek, J. V. Kopp, A. M. Koshy-Oomen, L. A. Kosova, M. H. Lin, K. C. Lindahl, M. Lopata, F. Lopez, S. J. Mahler, E. A. Mahr, A. K. Mandal, N. J. Martinez, P. J. McCormick, J. W. McKeever, V. Medenis, M. Mellody (Emerita), Y. Moneer, R. D. Nathan, J. F. Neskodny, S. Phanichphant, E. Pinsel, T. K. K. Potti, M. M. Quraishi, M. A. Real, S. R. Rosen, M. W. Schaefer, A. A. Serritella, J. H. Shah, S. U. Shams, E. H. Siegel, J. Singh, L. S. Sitjar, O. E. R. Situ, W. Soonattrakul, G. Sosa, R. Subramanian, H. Thadepalli, R. Welch, D. Wu, E. Yarzagaray, R. C. Zimmerman, E. M. Ziolkowski

Required Courses — Second Year

325. The Examination of the Patient. Instruction in history taking and physical examination of the patient is begun in the second year. Normal findings are demonstrated early in the course, and thereafter work on the wards of several hospitals deals with the close study of patients with abnormal findings. A one-hour lecture once a week deals with selected topics not covered in the texts. Special instruction is given in the Departments of Obstetrics and Gynecology, Orthopaedic Surgery, and Otolaryngology.

Required Clinical Courses

350. Clinical Lecture Program. The department contributes to the integrated lecture program in clinical medicine which begins in the spring quarter of the sophomore year and continues through the first three quarters of the clinical years. Su, F, W, and Sp.

354. **Inpatient Clerkship.** University of Illinois Hospital, Veterans Administration West Side Hospital and affiliated institutions. Primary patient care activity in association with the resident and attending staff. Thirty-five hours each week; Su, F, W, and Sp.

377. **Outpatient Clerkship.** University of Illinois Hospital and affiliated institutions. Three half days each week; Su, F, W, and Sp.

Alternate Quarter Program

398. **Inpatient Clerkship.** University of Illinois Hospital, Veterans Administration West Side Hospital, and affiliated institutions. Minimum of forty-four hours each week for twelve weeks; Su, F, W, and Sp. Additional time may be required at the discretion of the chief of the medical service to which the student is assigned. To be arranged by the head of the department. Prerequisite: Medicine 354.

399. **Tutorial Studies in Internal Medicine.** These studies are pursued with members of the department. An intensive three-month course, under tutorial supervision, in a clinical or investigative area of internal medicine. Program to be arranged with the head of the department. Forty-four hours each week; Su, F, W, and Sp. If the tutorial experience involves working with patients, Medicine 354 is usually a prerequisite.

NEUROSURGERY

Professors: O. Sugar (Head of Department), O. T. Bailey, P. Bailey (Emeritus), E. Oldberg (Emeritus), H. C. Voris

Associate Professors: L. V. Amador, A. Arnold, W. W. Whisler

Assistant Professors: R. O. Burns, Jr., A. B. Johnson II, R. P. Pawl, P. R. Rosenbluth, R. C. Selby, Jr., C. S. Textor, E. Tobias

Clinical Associates: M. A. Quandique, D. C. Voris

Instructors: M. E. Avila, R. A. Beatty, J. F. Cusick, S. Lazar, H. W. Schmidt II

Neurosurgery (surgical neurology) is the branch of medicine dealing with diagnosis and surgical treatment of disorders of the central and peripheral nervous system. It is closely related to medical neurology.

Clinical instruction includes presentations and lectures on disorders of the nervous system treated by surgical techniques. Symptoms, signs, course, pathogenesis, operative procedures, and subsequent course are included in the clinical lecture series.

Research problems in neurosurgery may be investigated in this department.

Required Clinical Courses

350. **Fundamentals of Neurology.** As part of the clinical lecture program, various topics in surgical neurology are presented in conjunction with the medical neurology lectures.

351. **Outpatient Neurosurgery.** As part of the outpatient experience, students spend two half days a week in the outpatient clinics of the University of Illinois Hospital or one of the affiliated hospitals.

Alternate Quarter Program

399. **Neurosurgery Clerkship.** Clerks have both inpatient and outpatient work, attend operations, attend rounds with the resident and attending staff, and attend the weekly conferences where problem cases are presented. A twelve-week clerkship, limited to two students (University of Illinois Hospital or Illinois Masonic Medical Center). Su, F, W, and Sp.

NEUROLOGY

Professors: J. S. Garvin (Head of Department), L. W. Avery (Emeritus), L. D. Boshes, F. A. Gibbs, B. W. Lichtenstein (Emeritus), E. Oldberg, (Emeritus)

Assistant Professors: E. M. Anderson, N. B. Dobin, E. L. Hardy, E. Page-el

Clinical Associates: E. D. Johnson, H. W. H. Kienast, V. R. Sorum, N. Zolt

Research Associate: H. Mackler

Instructors: H. L. Klawans, Jr., J. L. G. Salazar

Neurology (medical neurology) is the branch of medicine having to do with diagnosis and nonsurgical treatment of organic disease affecting the central and peripheral nervous system.

The teaching for sophomore students includes six lectures on the fundamentals of neurological examination, as a part of the course in physical diagnosis conducted by the Department of Medicine. Five lectures on basic neuropathology are incorporated into the course in general pathology.

Clinical instruction includes lectures and presentations on medical disorders of the nervous system, including symptoms, signs, course, pathological base, and treatment, as a part of the clinical lecture series.

Graduate work is offered in neuropathology and in clinical neurology.

Required Clinical Courses

350. **Fundamentals of Neurology.** As part of the clinical lecture program, the anatomy, physiology, pathology, and clinical examination of the nervous system are correlated. Clinical demonstrations are used to illustrate the principal diseases of the nervous system.

351. Outpatient Neurology. As a part of the outpatient experience, students spend two half-days a week in the outpatient clinics of the University of Illinois Hospital or one of the affiliated hospitals.

Alternate Quarter Program

399A. Neurology Clerkship. Clerks have both inpatient and outpatient work, attend rounds with the resident and attending staff, attend the weekly conference where problem cases are presented. A six-week clerkship limited to six students (University of Illinois Hospital); Su, F, W, and Sp.

OBSTETRICS AND GYNECOLOGY

Professors: R. M. Wynn (Head of Department), E. D. Allen (Emeritus), F. H. Falls (Emeritus), W. Gottschalk, R. R. Greene, C. P. McCartney, W. F. Mengert (Emeritus), L. D. Odell

Associate Professors: J. J. Barton, S. J. Benensohn, D. M. Farley, M. S. Farmans, J. P. FitzGibbons, V. C. Freda, R. J. Glenner, J. P. Harrod, Jr., L. L. Iffy, A. J. Kobak (Emeritus), R. A. Lifvendahl (Emeritus), A. J. Mauzey, F. P. Paloucek, J. W. Payne, M. P. Pill, F. O. Priest (Emeritus), G. H. Rezek, H. K. Waddington

Assistant Professors: W. S. M. Arrata, A. R. Bacon (Emeritus), J. F. Bartels, R. W. Blumstein, C. M. Carey (Emeritus), R. T. Chatterton, Jr., J. L. Daskal, R. L. Gibson, E. A. Grier, L. A. Hamilton, Jr., E. J. Justema, S. C. Kahn, B. M. Kaye, M. M. Kernis, C. D. Krause, V. A. Lavieri, R. J. Lee, R. V. Lobraico, J. E. Maidman, W. J. Marshall, W. S. Miller, J. J. Mullen, G. Pepper, L. F. Peterson, P. Ricks, Jr., O. J. Rosenzweig, E. W. Savage, Jr., H. Sered (Emeritus), S. Sholder, L. J. Sykora, E. B. Sylvester, J. B. Teton, J. B. Ullman, B. P. Zummo

Lecturer: R. H. MacNerland

Clinical Associates: T. F. Bak, L. I. Bernard, P. G. Bubala, G. J. Burica, J. E. Davis, W. F. Dillon, C. W. Gibson, F. P. Hesser, C. Jarolim, G. C. Kotalik, A. W. Kush, E. G. Leonidas, A. B. Levan, J. V. Libretti, F. R. Michel, C. R. Millar, G. B. Mizock, S. A. Nemerovski, E. L. Richard, D. Rold, W. G. Rurik, S. B. Ruskin, D. M. Santilli, L. G. Scheffel, J. Schifano, J. F. Williams, V. M. Williger

Instructors: J. S. Angell, A. M. Berman, G. C. Bonertz, J. F. Brown, E. L. Falloon, J. R. Kostelny, L. LeVine, C. S. Rim, M. A. Rosner, F Salimi, J. A. Sampson, W. H. Schultz, N. Tolwinsky, A. H. Uy, G. P. Vlasis, R. A. Ziffra

Obstetrics and gynecology are presented to the student as a single discipline. The obstetrician-gynecologist deals with the woman throughout her reproductive

years, and with the functional aberrations and diseases of the female generative tract occurring during any time of life. In many respects the obstetrician-gynecologist is the primary physician for women.

Teaching begins in the second year when the department participates in a course in examination of the patient. Two lectures are given to the entire class; in addition, students in small groups spend a period of three hours in the clinic learning the principles of history taking and pelvic and prenatal examination.

The major teaching of this department takes place during the third or fourth years in a nine-week clinical clerkship.

Required Clinical Courses

375. **Clerkship.** Each clinical student spends about nine weeks on the obstetric-gynecologic service. Approximately three-fifths of the students have clerkships at the University of Illinois Hospital. Two-fifths of the students are assigned to one of the following hospitals: Illinois Masonic, Lutheran General, MacNeal, Mercy, Ravenswood, and Weiss. To maximize utilization of the full-time academic staff and exposure to the subspecialties within the discipline, and to minimize imbalances among the teaching programs of the participating hospitals, all students return to the University two days a week for formal instruction in clinical obstetrics, clinical gynecology, gynecologic endocrinology, perinatal medicine, gynecologic pathology, gynecologic oncology, human sexuality, reproductive biology, and office gynecology. During the remainder of the week the student is assigned full-time to the clinical service. At the University Hospital the student on obstetrics serves as a junior house officer, responsible for histories, physical examinations under supervision, and the conduct of normal deliveries. On gynecology he participates in the operative procedures on all his assigned patients. In the clinic he examines all patients and discusses their management with a member of the house or attending staff. He attends gynecologic tumor conference, perinatal conference, and tutorial sessions (twice a week). His activities are closely integrated with those of the department in general. Su, F, W, Sp.

Alternate Quarter Program

Opportunities are available in several areas of clinical obstetrics and gynecology. Each of these prearranged programs is intended for students who wish to gain more clinical experience than can be obtained during the required clerkship.

General supervision and didactic instruction will be provided by one senior staff member for each of the programs. During the program each student will have ample opportunity to acquire additional technical skills in the particular area.

Three six-week programs are offered; a student may elect two of the three if he wishes to spend an entire quarter in obstetrics and gynecology. He may

elect only one of the programs, spending the remaining six weeks in another department. Preference will be given to students electing the entire quarter in obstetrics and gynecology. These programs are offered in addition to, rather than instead of, opportunities for research in the department.

396. **Gynecologic Endocrinology, Infertility, and Family Planning.** The student will work primarily in the outpatient department, where he will see all patients in the gynecologic endocrine clinic. He will participate in their evaluation and treatment, gain experience with all methods of contraception, and become familiar with the investigation of infertile patients. He will attend the daily noon meeting with the chief of service and the house staff.

397. **Gynecology and Gynecologic Oncology.** The student will work with patients in the clinic and in the hospital; he will study all new patients with cancer of the female genital tract and present them to the weekly gynecologic tumor conference. He will receive practical instruction in cytologic and histopathologic diagnostic methods, and then participate in their treatment (surgery, radiation, or chemotherapy). He will have ample opportunity to perform certain diagnostic procedures, such as biopsy of the cervix and curettage of the endometrium. He will gain experience with treated patients through attendance at the weekly tumor clinic. He will attend the daily noon meeting with the chief of service and the house staff.

398. **Labor and Delivery Room Obstetrics.** The student will spend most of his time in the labor and delivery suite, where he will gain further experience in the conduct of normal and abnormal labor. He will perform, under supervision, certain obstetric operative procedures such as low forceps and episiotomy, and will assist with others such as cesarean section. He will gain experience in the various techniques of obstetric analgesia and anesthesia. He will attend the daily noon meeting with the chief of service and the house staff.

Elective Courses — Not for Credit

360. **Methods of Conception Control.** Biological background and clinical application of contraceptive techniques.

361. **Obstetric and Gynecologic Endocrinology.** Endocrine changes in menstruation, conception, gestation, and the puerperium.

362. **Gynecologic Oncology.** Histopathology, diagnosis, and treatment of gynecological cancer.

364. **Electron Microscopy of Female Reproductive Tract.** Ultrastructural examination of pregnant and nonpregnant female reproductive organs and placenta.

365. **Morphology and Physiology of the Placenta.** Histochemical and ultrastructural examination of placenta. Experiments with placental perfusion.

366. **Topics in the Biology of Reproduction.** Comparative studies of implantation and placentation. Examination of extraembryonic membranes. Decidualization.

367. **Family and Marriage.** Structure of the family and behavior of family members including sexual attitudes.

OPHTHALMOLOGY

Professors: M. F. Goldberg (Head of Department), J. S. Haas, W. F. Hughes, Jr., P. C. Kronfeld (Emeritus), W. F. Moncreiff (Emeritus)

Associate Professors: C. Apple (Emeritus), E. Cotlier, E. R. Folk, E. B. Fowler (Emeritus), M. Frenkel, H. Q. Kirk, B. M. Krimmer, E. A. Pushkin, D. Snydacker, M. J. Urist, T. N. Zekman

Assistant Professors: R. L. Allen, D. J. Apple, D. V. L. Brown, A. D. Curnyn, W. E. Deutsch, R. C. Ey, E. W. Fantl, V. F. Feldman, L. R. Fordon, R. R. Herbst, J. A. Kaplan, D. J. Kozil, L. J. Kut, R. A. Levine, A. Light, I. Menachof, M. T. Miller, V. P. Oleari, G. A. Peyman, A. M. Putterman, M. F. Rabb, B. A. Russman, S. M. Schall, K. J. Scheribel, R. L. Sperling, M. L. Stillerman, J. Tatar, A. E. Tennenbaum, K. E. Ticho, C. M. Vygantas, C. E. West, H. L. Wilder

Lecturer: W. W. Kreft, J. E. McDonald, A. A. Rosenbloom

Clinical Associates: V. M. Leech (Emeritus), B. Spiro

Research Associates: P. Namperumalsamy, S. J. Vainisi

Instructors: J. W. Bizzell, B. R. Brose, L. I. Chapman, S. A. Fox, C. Garfinkle, R. G. Gieser, E. F. Grabow, M. H. Greenberger, J. M. Hattenhauer, S. J. Herman, M. C. Kraff, J. F. Kwinn, M. P. Lipsich, D. D. Moran, N. J. Nowicki, S. L. R. Oakes, R. W. Posegate, P. R. Rice, D. S. Robbin, W. A. Scanlon, P. J. Schmidt, T. S. Stevens, H. H. Tessler, M. J. Willi

The goal of the instruction in ophthalmology is to enable the student to integrate the principles of basic science into the problems of ocular disease, to learn about the techniques of examination of the eye, to know the ocular manifestations of systemic disease, and to recognize the common ocular diseases likely to be encountered in general practice.

This instruction, in the form of lectures and multilithed notes, is given during the third and fourth years. Supplemental practical or investigative work in ophthalmology (clerkship in ophthalmology) is offered during the alternative quarter.

Required Clinical Courses

350. **Clinical Lecture Program.** Illustrated lectures and multilithed notes covering eye manifestations of general systemic disease and ocular diseases com-

monly encountered in the general practice of medicine are presented in a series of one-hour lectures as part of the clinical lecture program. Su, F, W.

Alternate Quarter Program

399. Clerkship. Participation (under supervision) in clinical and hospital activities of the department, including attendance at clinical conferences, in specialty clinics and surgery. Limited to eight students a period. Full time for two, four, six, or twelve weeks; Su, F, W, and Sp.

Highly qualified students can elect to do investigative work with members of the faculty in a preceptor-preceptee relationship. A minimum of twelve weeks is required.

ORTHOPAEDIC SURGERY

Professors: R. D. Ray (Head of Department), F. W. Hark (Emeritus), C. N. Lambert (Emeritus)

Associate Professors: H. W. Apfelbach, R. Barmada, R. L. DeWald, T. A. Fox, C. V. Heck, F. M. Howard, R. L. Jacobs, F. G. Murphy (Emeritus), C. J. O'Neill, C. Scuderi, S. J. Shafer, F. Shapiro

Assistant Professors: J. P. Ahstrom, R. C. Hamilton, W. A. Hark, A. Y. Ketenjian, R. T. Lidge, W. A. Marshall (Emeritus), R. P. Meany, W. Meltzer, R. J. Pellicore, J. S. Shapiro, I. M. Siegel, H. E. Turner (Emeritus)

Lecturer: J. O. Galante, E. A. Wojick

Clinical Associates: G. T. Anast, J. T. Bianchin, S. D. Brandon, K. O. Fetrow, D. V. Girzadas, G. S. Kane, M. P. Katz, J. M. Kirsch, W. H. Newman, R. J. Rothman, A. P. Schlein, M. J. Schrodt, W. F. Zwilling

Research Associate: F. H. Wezeman

Instructors: J. E. Alexander, R. L. Cram, M. J. Denker, J. S. Gimbel, K. N. Kuo, E. A. Lembert, R. B. Ressman, J. C. Ritscherle, F. W. Schroeder, P. Sri-Uthayopas

Orthopaedics is that branch of medicine concerned with the study, prevention, and treatment of disorders of the locomotor apparatus. The aim of the departmental undergraduate teaching program is to give the medical student an insight into the diagnosis of some of the common diseases, deformities, and disabilities affecting the extremities and spine. These include genetic disorders, disorders of growth and metabolism, inflammation and infections, metabolic disorders, trauma, neoplasms, psychosomatic problems, and idiopathic conditions. An attempt is made to relate the various basic sciences to the clinical problems the student may encounter and to correlate the approaches of other specialties including internal medicine, surgery, pediatrics, and the various para-

medical services. Students also develop those skills essential for conducting an examination, arriving at a differential diagnosis, and undertaking treatment including application of casts, braces, traction, medical management, and simple surgical skills.

During the sophomore year, the department, in cooperation with the Department of Medicine, presents a method for examining a patient with a musculoskeletal problem.

Subsequently, during the clinical years, the clerkship provides students with an opportunity to see some common orthopaedic conditions in adults and children, to participate in the operating theatre and the outpatient clinic, and to follow patients on the inpatient service.

Seminars cover regional examination of the locomotor apparatus, common office problems and procedures, trauma, and rehabilitation.

A special opportunity is offered at Cook County Hospital in the diagnosis and treatment of acute trauma. For interested and qualified students, an alternative quarter program has been designed to permit advanced study in any of the several areas related to orthopaedics.

Postgraduate study is provided through a four-year residency program in orthopaedics leading to national board eligibility.

Required Clinical Courses

350. Clinical Orthopaedic Surgery with Demonstrations. As part of the clinical lecture program, orthopaedic problems and the general principles of differential diagnosis are considered and the basic principles underlying treatment reviewed. Su, F, W, and Sp.

376. Clerkship. Observation and study of orthopaedic cases, adult and children, together with practical demonstrations of orthopaedic conditions, ward rounds, seminars, and surgical and outpatient procedures. Three weeks; Su, F, W, and Sp.

Alternate Quarter Program

399. Clinical Clerkship. Opportunity is provided for participation in the activities of the orthopaedic department including the emergency room, special clinics, research, and seminars. Students electing this course may spend the full period on the fracture service at Cook County Hospital, at the West Side Veterans Administration Hospital, at the University of Illinois Hospital, or in the research laboratories of the department; or the quarter may be divided into various combinations of the foregoing depending on the specific interests of the individual student. Special arrangements may also be made to spend the alternate quarter at other approved institutions in the United States or abroad. This course is offered as a further introduction to diagnostic problems, methods of treatment, and principles of research as applied to the locomotor systems.

OTOLARYNGOLOGY

Professors: A. H. Andrews, Jr. (Head of Department), R. A. Buckingham, A. J. Derbyshire, P. H. Holinger, F. L. Lederer (Emeritus), R. B. Lewy, A. Loewy, R. E. Marcus, J. J. O'Neill, E. Skolnik, B. J. Soboroff, W. H. Theobald (Emeritus), N. Torok, O. E. Van Alyea (Emeritus), L. J. Wallner

Associate Professors: D. F. Austin, E. A. Friedman, J. Gyorkey, M. E. Joseph, G. S. Livingston (Emeritus), A. L. Ratko, L. A. Satz (Emeritus), K. H. Siedentop, M. E. Tardy, L. T. Tenta

Assistant Professors: H. Aufricht, R. I. Barickman, M. D. Beers, H. Blumenthal, E. L. Chainski (Emeritus), A. J. Coombs (Emeritus), D. O. Dale, F. X. Frueh, L. D. Greene (Emerita), C. Jeantet, A. G. Kodros, H. I. Laker, S. J. F. Landa, M. D. Mansueto, F. R. Nykiel, S. Peterson, W. H. Plotkin, E. A. Razim, L. F. Scaramella, J. A. Schild, W. F. Waldrop

Clinical Associates: R. A. Casciaro, R. A. Eggert, R. S. Fagelson, R. A. Kowal, C. D. Makart, S. B. Mer, W. A. Smiley (Emeritus)

Research Associate: S. B. Osenar

Instructors: C. M. Alpert, J. M. Campbell, M. E. Donovan, A. M. S. Granum, G. E. Guemmer, A. J. Harris, S. D. Konik, R. J. Levin, R. M. Meyers, G. S. Osborne, B. A. Pastorek, H. L. Schotland, V. A. M. Stearn, J. D. Van Nuys, M. I. Weintraub

Otolaryngology is the study of the upper respiratory system, the upper digestive tract, and the special senses of speech, hearing, equilibrium, and olfaction in health and in disease. This includes the social, physiological, and physical aberrations of function as they relate to otology, rhinology, laryngology, bronchoesophagology, maxillofacial surgery, otoneurology, plastic and general surgery of the head and neck area, and communication sciences.

Otology, the study of the functions of the ear, has for its primary aim not only the diagnosis and treatment of diseases of the ear and disorders of verbal communication, but also the important facet of the social rehabilitation of the deaf and hard-of-hearing. So great are the social implications of disturbed hearing and speech that audiology and speech pathology form an important division of otolaryngology.

Bronchoesophagology is related to direct visualization, diagnosis, and therapy of conditions which affect the esophagus, larynx, and tracheobronchial tree.

Community service is rendered by cooperation with the hearing conservation programs of the public and parochial schools, Lake County schools, and the Illinois State School for the Deaf at Jacksonville.

The primary aim of the department is to teach the undergraduate competent examining techniques in order to recognize disease or malfunction in these sys-

tems and to evaluate the method of arriving at a correct diagnosis so that therapy may be intelligently applied.

The neurotology section maintains a well-equipped laboratory for study and clinical examinations dealing with equilibrium, dizziness, nystagmus, and associated disorders. This laboratory, with its advanced facilities, has served as a prototype for others in the country. The section, like our others, cooperates with other sections, departments, and schools of the University in education and research.

The Center for the Study of Communicative Processes deals with all aspects of auditory communication — hearing, speech, voice, language — at all ages from prenatal to senility. Educational experience is offered through the patient services of audiologic testing, voice and speech testing, and management of disorders. Research programs are active and cooperative. The center maintains an electronic shop for maintenance and development of equipment.

The laboratory section maintains a well-equipped histological laboratory, where special preparations are made of specimens. The section maintains a complete file of otolaryngologic normals and diseases, which is available for teaching and study.

The audiovisual section makes the photographs, slides, and reproductions required for patient care, education, and research.

The research section contributes scientific methodology, analytic evaluation of articles, research methodology, and computer techniques. The section assists faculty and resident's research projects, as well as other departments and schools of the university.

Otolaryngologic radiology is done by the eye and ear infirmary section of the Department of Radiology. Special procedures, studies, and education in the otolaryngologic aspects of radiology are performed by the section.

Required Clinical Courses

350. Clinical Instruction in Ear, Nose, Sinuses, Pharynx, and Larynx. Surgical anatomy, physiology, applied pathology, and treatment are discussed in a series of lectures as part of the interdepartmental lecture program. Su, F, and W.

Alternate Quarter Program

399A and 399B. Clerkship. Otolaryngology is concerned with the physiologic, physical, and social aberrations of function as they relate to otology, rhinology, laryngology, bronchoesophagology, maxillofacial surgery, head and neck surgery (general and plastic), otoneurology, and audiology. Identification of normal structures by competent examining techniques results in recognition of disease or malfunction of systems and regions included in these disciplines of the specialty. The alternate-quarter clerkship program includes student participation in the history-taking and -recording examina-

tion, diagnosis and treatment of acute conditions, planning for the management of chronic states, and the follow-up care of patients in the outpatient clinic and hospital. The experience is under the supervision of the attending staff, assisted by members of the house staff who act as preceptors. Students are assigned to the University of Illinois Hospital Eye and Ear Infirmary as well as to the general hospital. Opportunities to assist are available in the outpatient department, in the hospital, in the research section, in the neurotology laboratory, on ward rounds, in the Center for the Study of Communicative Processes, and, when appropriate, in surgery. The speech and hearing staff in the Center for the Study of Communicative Processes at the Eye and Ear Infirmary demonstrates the special aspects of diagnosis and treatment. Departmental and interdepartmental conferences and seminars are an integral part of the student's experience. Didactic periods are included in the curriculum. Closed-circuit television programming is included as a teaching device. Length of course: six weeks, five afternoons per week: 399A Su, F, W, and Sp. Four weeks, five full days per week: 399B Su, F, W, and Sp.

The otolaryngology residency training program comprises four years, one year of surgical residency and three years in otolaryngology. It is designed to form a basic foundation and give experience in all aspects of otolaryngology. The National Institute of Neurological Diseases and Stroke Training Grant supports four residents and a share of the research section of the department. Residents' experiences are extended to give research and administrative experience in addition to the development of clinical competence. State and community services are also included which support the hearing conservation program in the city, the county, and the state.

For the practicing otolaryngologists, courses are offered consisting of the Annual Otolaryngologic Assembly, Laryngology, and Bronchoesophagology (spring and fall), Neurotology, and various other courses from time to time.

PATHOLOGY

Professors: C. A. Krakower (Head of Department), G. A. Bennett (Emeritus), H. R. Catchpole, G. W. Changus, B. Chomet, G. C. Johnson, E. P. Leroy, S. A. Levinson (Emeritus), E. A. McGrew, G. Milles (Emeritus), S. T. Nerenberg, K. Stern (Emeritus), M. A. Swerdlow, J. R. Thompson, J. Valaitis, J. P. Waterhouse, R. L. Wong

Associate Professors: S. S. Barron, F. C. Bauer, Jr., F. A. O. Eckner, D. E. Eshbaugh, W. R. Fleischer, G. Gyori, J. J. Kearns (Emeritus), A. Learner, L. J. LeBeau, N. Ressler, A. M. Ring, U. F. Rowlatt, R. D. Smith, F. J. Tenczar, D. H. Yost

Assistant Professors: D. F. Albertson, D. Apple, J. T. Bolan, W. Drwiega,

E. J. Goldman, J. E. Habegger, K. V. Karachorlu, J. R. Kraft, S. N. Millner, J. A. Mir, J. C. Pritchard, A. J. Rabinovitz, O. L. Rubinstein, R. W. Sommer, H. M. Yamashiroya

Lecturers: F. E. Hirsch (Emeritus), L. S. King, M. Lev

Clinical Associates: S. Bakshy, J. DiMauro, P. Gonzalez, H. H. Hetz, R. L. Kelsey, N. Martinez, G. A. Pulido, A. Slonicki, J. E. Trota

Research Associate: S. A. Greenspon

Instructors: J. V. Aquino, E. I. Axelrod, J. F. Barnhill, R. J. Buschmann, I. Cantave, R. A. Carrara, Y. S. Choi, L. W. Chowdhury, B. B. Fernandez, G. C. Fischer, G. G. Flores, C. H. K. Fung, L. T. Gerardo, D. F. Graziani, F. Hong, H. Krolikiewicz, M. Moussavi, A. Mukhopadhyay, M. Ochoa, T. Okuno, S. B. Sadeghi, F. Serna, E. Somers, C. Torres, Sr., C. Torres, Jr., Z. R. Valdes, V. F. Wong, S. Yousefi

Pathology is that branch of natural science concerned with disease: its essential nature, its causes and development, and the structural and functional changes occurring in the living bodies in which the disease exists.

Following courses in anatomy, biochemistry, physiology and microbiology, the student begins the study of disease with general pathology, which deals with the general principles of disease. This is followed by special or organ pathology and clinical pathology, which are presented in a single integrated program.

Required Courses

325. General and Special Pathology. The basic principles of pathological processes, including tissue injury and repair, inflammation, circulatory disturbances, retrograde processes, and tissue responses to specific infectious agents and neoplasms, are considered in the first part of the course. In the latter part, the disease processes affecting each organ and anatomic system are considered in greater detail. The pathologic physiology and biochemistry of disease are closely integrated with the morphologic changes. Essential diagnostic laboratory procedures are discussed as to their purpose and the manner of evaluating the results. The laboratory exercises are designed to correlate and interpret the gross and microscopic changes occurring in diseased tissues. Essential diagnostic laboratory tests are performed in relation to the diseased organ or system under study. In addition, each student is expected to attend at least four autopsies.

Alternate Quarter Program

399. Clerkship in Pathology. Students electing this clerkship may spend one or more alternate quarters, or six weeks out of any alternate quarter, studying anatomic pathology and/or clinical pathology. The clerkship in anatomic pathology includes participation in autopsy work, surgical pathology, and exfoliative cytology. The clerkship in clinical pathology emphasizes laboratory

findings and their clinical correlations. Instruction in depth is also provided for diseases of certain organs or systems. On the other hand, students may devote alternate and vacation quarters toward acquiring research experience and graduate school credits toward a higher degree. During the regular clerkship students are expected to attend the departmental conferences in pathological anatomy and clinical pathology. Su, F, W, and Sp.

PEDIATRICS

Professors: I. Schulman (Head of Department), A. D. Biggs (Emeritus), J. L. Braudo, I. P. Bronstein (Emeritus), C. D. Butler (Emeritus), S. P. Gotoff, J. Greengard (Emeritus), H. J. Grossman, A. R. Hastreiter, S. J. Hoffman (Emeritus), R. E. Keeley, E. F. Lis, R. A. Miller, D. J. Pachman, I. M. Rosenthal, H. N. Sanford (Emeritus), N. G. Shaw (Emeritus), R. Spaeth

Associate Professors: S. H. Barron, L. Breslow, G. S. George, L. J. Halpern (Emeritus), G. R. Honig, J. S. Hyde, H. Leichenger (Emeritus), B. L. Lendrum, M. M. Lewison, M. A. Limosani, R. Medenis, S. Metrick, R. Pildes, A. L. Pisani, J. Schulz, R. A. Seeler, L. F. Soyka, N. T. Welford (Emeritus), D. H. Welker (Emerita)

Assistant Professors: B. W. Adams, V. M. Alcade, V. Angara, P. N. Baker, B. Block, A. Bohning (Emerita), P. R. Conrad, W. L. Crawford (Emeritus), C. W. deLannoy, Jr., V. R. DeYoung, I. W. DuBrow, M. A. Fernandez, D. E. Fisher, E. Fisher, M. Frank, J. B. Hall, M. R. Jackson, M. Jacobson, D. E. Knoblock, K. Kushino, H. B. Lander, E. S. Lassers, H. R. Lerner, L. Levitsky, V. M. LoPriore, E. R. Lujan, R. B. Mack, H. S. Maurer, H. R. Miller, E. S. Moore, E. Page-el, H. M. Pashayan, J. B. Paton, V. D. Pollard, M. J. Polniaszek, W. Romuk, M. O. Sacks, M. Serratto-Benvenuto, R. Y. Snow, L. H. Trevino, D. Vidyasagar, L. M. Zollar

Lecturers: J. L. Berman, M. McCulloch (Emeritus), H. B. Okner

Research Associates: J. Abella, P. Danesh

Clinical Associates: C. G. Berger, J. S. Cywinski, W. J. Doerscheln, J. E. Freidheim, H. H. Grodzin, T. J. Hinaris, G. W. Hollingsworth, I. Lerner, P. T. Orland, R. Repasy

Instructors: C. U. Battle, J. M. Boyd, L. I. Evans, Z. Jedliczka, D. T. Lim, P. A. Mohr, A. A. Perez, I. L. Perez, E. I. Yahiro

The major portion of instruction in pediatrics is given in the third year in a twelve-week clinical clerkship devoted to the study of care of infants and children. During the clerkship each student spends six weeks on an inpatient pediatric service and six weeks in an ambulatory pediatric setting. Students are

assigned to one of the following hospitals: University of Illinois, Cook County, Illinois Masonic, Lutheran General, or Mercy.

During the inpatient service the student has close contact with the problems of diagnosis and treatment of the sick child. In the outpatient clinics emphasis is placed on the ambulatory patient and on preventive pediatrics as demonstrated in well-baby clinics. In each portion of the clerkship the history and physical examination of the patient are performed initially by the student, following which the case is discussed with an instructor. By having six continuous weeks on the inpatient service, the student can follow the course of patients. In the outpatient department the student is assigned a new patient daily as well as return visits of patients he has previously seen. Whenever possible the student is encouraged to participate in diagnostic and therapeutic procedures which are performed on his patients.

On the wards the student participates in ward rounds, seminars, and special conferences which are conducted by the resident and attending staffs. At the various hospitals student seminars in pediatrics are held regularly, during which case presentations are made by the student for discussion with members of the faculty.

Thoroughout the clerkship the processes of normal physical and emotional growth and development are emphasized, as are the total impact of illness on the child and his family.

Required Clinical Courses

351-352. Clinical Clerkship. Conducted at University of Illinois, Cook County, Illinois Masonic, Lutheran General and Mercy Hospitals. Six weeks of inpatient ward service and six weeks of outpatient pediatric clinic service. Thirty-five hours each week; Su, F, W, and Sp.

Alternate Quarter Program

398. Advanced Tutorial Studies in Clinical Pediatrics. The student spends the entire quarter on the inpatient service at the University of Illinois Hospital or Cook County Hospital. He is given increased responsibility for care of patients, performance of diagnostic tests, participation in ward activities, conferences, rounds and seminars under the direction of the resident and attending staffs. Limited to two students per quarter at each of the hospitals. Su, F, W, and Sp.

399. Pediatric Subspecialties and Research. The student spends the entire quarter in one of the subdivisions of the department devoted to a particular field. He participates in the special diagnostic procedures performed in the individual laboratories as well as in the research program of each. The student also participates in the rounds, conferences, and clinics devoted to the subspecialty. The following divisions in the department accept students:

1. Hematology: University of Illinois Hospital, Cook County Hospital.

2. Cardiology: University of Illinois Hospital, Cook County Children's Hospital.
3. Endocrinology and Metabolism: University of Illinois Hospital, Cook County Children's Hospital.
4. Newborn Physiology: University of Illinois Hospital, Cook County Hospital.
5. Neurology: University of Illinois Hospital.
6. Cytogenetics: University of Illinois Hospital.
7. Immunology: University of Illinois Hospital.
8. Nephrology: University of Illinois Hospital.

A maximum of two students per quarter may be enrolled in each division. Su, F, W, and Sp.

PHYSICAL MEDICINE AND REHABILITATION

Professors: D. I. Abramson (Head of Department), H. W. Kendall, W. T. Liberson, R. R. Wasserman

Associate Professors: K. H. Kohn, H. A. Weiss

Assistant Professors: M. A. Indreika, R. S. Oryshkevich, R. Pribyl, C. D. Schwab, D. Wasserman

Clinical Associate: L. A. Akopiantz

Instructors: S. Bunnag, J. M. Ruess

The specialty of physical medicine and rehabilitation is concerned with the application of physical agents for diagnostic and therapeutic purposes. Physical and other properties of heat, light, electricity, water, massage, and exercise are employed to prevent deconditioning, to mobilize joints, to increase strength, power, and endurance, to reeducate muscles, or to improve general health and physical fitness. The techniques and procedures of physical medicine assist in the maximal utilization of residual abilities for total rehabilitation purposes. They include training in the physical skills required for independent living. Among the special services offered by the department are electrodiagnosis and electromyography.

Alternate Quarter Program

398. Advanced Clinical Clerkship in Rehabilitation Medicine. The purpose is to give the student extensive exposure to the field of rehabilitation medicine. It is intended to emphasize instruction in the various diagnostic tools and in the different treatment programs, utilizing patients in the hospital and in the clinic. The course takes the form of a twelve-week, full-time clerkship. Su, F, W, and Sp.

399. Practical Application of Physical Medicine and Rehabilitation. This course

is intended to acquaint the student with the physiologic and clinical basis for the use of physical therapeutic modalities and of rehabilitative procedures. Instruction in the various diagnostic tools and in the different treatment programs is emphasized. Hospital and clinic patients are utilized. Two-week, full-time clerkship. Su, F, W, and Sp.

PREVENTIVE MEDICINE AND COMMUNITY HEALTH

Professors: E. A. Lichter (Head of Department), A. Abrams, H. C. Batson (Emeritus), M. C. Brown, B. Carnow, H. Medak, V. M. Ohlson, S. R. Rosenthal

Associate Professors: C. E. Cunningham, T. C. Doege, C. C. Doughty, A. Gelperin, J. C. Gleeson, Jr., E. K. Hudson, W. W. Kamel, J. J. Levin, J. M. Levitsky, L. Levy, R. F. Locke, R. S. Mendelsohn, M. A. Mufson, K. E. Nelson, F. P. Paloucek, E. A. Piszczek, I. D. Rotkin, R. B. Shekelle, H. W. Spies, H. H. Steinberg, Q. D. Young

Assistant Professors: R. W. Adams, R. E. Cohnberg, H. G. Orbach, J. Prieto, L. Rowitz, S. Sobel, J. W. Wagner, W. H. Wilson

Lecturers: L. deBoer, T. G. Hull (Emeritus), R. G. Martinek, J. D. Porterfield

Research Associates: W. C. Hanley, E. E. Jacobs, L. S. Kletke, B. Lebovits, W. I. Metzger, W. I. Peltz

Clinical Associates: A. D. Klinger, P. W. Tillman

Instructors: P. R. deVise, I. M. Kalacic, P. L. Paul

The objectives of the Department of Preventive Medicine and Community Health are to increase student awareness of the importance of hereditary and environmental determinants of health and disease with special emphasis on social and economic factors; to relate these determinants to the problems of the community and individual patient; to familiarize the student with available community agencies and systems of health care that are helpful in health maintenance and prevention and treatment of illness; to coordinate the student's knowledge of clinical preventive medicine; and to provide instruction in elementary epidemiology biostatics and evaluation of data.

The basic information in these areas is provided in lectures and demonstrations in the first and second years.

Required Clinical Courses

301A. Introduction to Epidemiology and Statistical Inference. The primary objective of this course is to develop an understanding of the basic concepts, methods, and purposes of epidemiology and of statistical inference including elements of data analysis, sampling, and design of experiments in the community aspects of disease and health. One hour per week. Sp.

301B. Social Medicine. An introductory course describing the structure and health needs of the community, the elements and organization of its health care system, the deficiencies of services for selected target populations, and the various programs and plans for financing these health services. Two hours per week. Sp.

325. Preventive Medicine and Community Health. Clinical Lecture Program. Lectures and demonstrations in preventive medicine and community health covering the principles of epidemiology, vital statistics, and prevention of disease are presented in the second year. Examples of topics are host factors, environmental factors, natural history, community role, physician's role, and primary and secondary prevention of the leading causes of death and illness in the United States. Principles of epidemiology are emphasized. Social, psychological, and economic determinants and correlates of disease are carefully considered. Two hours per week. F, W.

Alternate Quarter Program

399. Preventive Medicine and Community Health. Students may choose any of three programs. All three have in common a twenty-four hour course in principles of epidemiology and seminars on principles of preventive medicine. In one program the remainder of the time is spent in research with one of the study groups in the departments. Research experience in infectious disease, epidemiology, immunology, human behavior, and human genetics is offered. The second experience is a series of clerkships in infectious diseases in five hospitals coupled with study of the appropriate community agencies in this field. The third program is an organized study of various chronic diseases, utilizing appropriate community agencies, in industrial health, health plans, cancer detection, and health promotion and education.

399B. Urban Medicine. A combination preceptorship and seminar-discussion program for advanced clinical students. Several models of the urban health care setting will be examined by direct participation. Seminar topics will evaluate the nature of and factors contributing to each of the models being studied. There is opportunity for critical observation and evaluation of special interest areas through private practice, group practice, private hospital, public hospital, health department and public health programs, health care plans, neighborhood health centers, and others as student interest dictates.

399C. Environmental Medicine. A laboratory-seminar in chronic disease epidemiology, particularly air pollution as it relates to chronic pulmonary disease. There is clinical experience in chronic pulmonary clinic and laboratory experience in monitoring and evaluating air pollution data, as well as similar programs involving water and noise pollution and chemical intoxicants. Programs have a clinical epidemiology approach.

399D. Community Mental Health. This program offers a student the oppor-

tunity to do intensive readings or an actual small study in the area of community mental health. Two basic directions are offered: (1) the primary prevention of mental illness and promotion of mental health; (2) the current and projected nature of mental health service delivery systems. Basic interest in one of these areas and a high degree of independence and self-direction are required. Instruction will be through regularly scheduled tutorial sessions. Selected projects could involve contact with zone centers, state hospitals, and other components of the mental health program.

Electives

362. **Epidemiology I.** Basic principles and concepts of descriptive and analytical epidemiology are utilized to demonstrate the use of the epidemiological method in the scientific practice of public health nursing.

363. **Epidemiology II.** Principles, concepts, and methods introduced in Epidemiology I are applied to the specific analysis of community health problems and programs. Illustrations are drawn from classical studies in epidemiology. There are demonstrations on the use of epidemiological methodology for program planning, program development and program evaluation, and for establishing service and research priorities. Prerequisite: Preventive Medicine 362.

364. **International Health and Population Dynamics.** Introduction to the history, philosophy, goals, and achievements of international health; the various governments and agencies committed to international health. Problems of introducing change to communities, comprehensive health planning, health economics, and training of health professionals around the world. Study of population dynamics and family planning programs in comparative international focus. Discussion of the commitments of the United States to programs of international health and population dynamics.

366. **Sociology of Mental Disorders.** The primary objective of this course is to investigate the sociocultural variables involved in mental illness. The course will involve the study of social epidemiology of mental illness, patient career cycle, societal labeling, stigma, and community aspects of mental health planning.

367. **Sociology of Mental Retardation.** This course will be concerned with the investigation of the social factors involved in mental retardation. Discussion will involve the investigation of the social epidemiology of retardation, family adjustment problems, patient career cycle, and community relationships.

369. **Mental Health in Urban Areas.** Examines ecological structure of the city with special reference to problems posed to successful human adaptation. Deals specifically with such problems as drug abuse, aging, population impaction, mobility of persons, and programs which propose to deal with

urban problems. Prerequisites: Nursing 406, Contemporary Trends in Community Mental Health, or permission of instructor.

PSYCHIATRY

Professors: M. Sabshin (Head of Department), P. Bailey (Emeritus), B. C. Bosselman (Emerita), H. T. Carmichael (Emeritus), R. D. Cartwright, J. E. Gedo, F. J. Gerty (Emeritus), M. M. Gill, P. L. Giovacchini, A. J. Glass, B. L. Greene, E. A. Haggard, J. S. Handler, I. M. Josselyn (Emerita), J. W. Maas, R. M. Magraw, T. Millon, H. L. Muslin, G. H. Pollock, F. T. Rafferty, Jr., L. H. Rudy, N. B. Schwartz, L. B. Shapiro, A. P. Solomon (Emeritus), L. E. Tower (Emerita), V. G. Urse, J. Weinberg

Associate Professors: L. Aarons, H. R. Beiser, A. R. Benjamin, G. H. Borowitz, D. D. Brockman, M. R. Bucher, S. Burack, J. W. Crawford, B. Denner, D. Ehrlich, J. A. Fawcett, E. H. Futterman, B. H. Gold, N. H. Greenberg, L. Halperin, S. J. Heinze, J. G. Hirsch, I. Judas, M. S. Krause, J. E. Kysar, R. J. Leider, F. R. Racusen, A. M. Robertson, M. M. Rosenthal, A. K. Rosenwald, A. L. Ruess, L. Sadow, N. Schlessinger, I. C. Sherman (Emerita), A. Shimbel, P. R. Singer, D. Solomon, H. D. Strassman, T. J. Tucker, S. Weiss

Assistant Professors: R. M. Abraira, C. H. Altman, S. Altschul, W. J. Anderson, B. A. Anjam, M. C. Barnett, D. G. Barr, P. B. Bart, E. E. Benezra, R. L. Bentley, G. K. Berkwits, H. E. Bernstein, M. S. Black, G. M. Booth, G. F. Borge, I. J. Borstein, F. A. Braucher, Jr., J. A. Buettner, R. E. Bussell, A. M. Castellanos, S. Chaplik, K. V. Davis, P. N. Desai, H. I. Diesenhaus, P. Dolinko, C. G. Ellinwood, F. F. Evans, I. Fasse, A. Flarsheim, D. L. Foster, L. M. Foster, L. A. Fourcher, H. M. Freed, M. Freedman, D. E. Fuhrmann, J. Gelperin, D. J. Greenberg, D. P. Gross, M. D. Gross, J. E. Halasz, E. L. Hardy, G. M. Hefter, N. L. Hoffenberg, G. K. Hoffman, P. Israel, V. A. Jackson, L. I. Jacobs, R. A. Jenkins, R. Karrer, D. L. Kerste, G. H. Klumpner, H. M. Kohn, C. H. Kramer, G. A. Lage, E. S. Lassers, L. S. Lebow, M. Leifer, R. E. LeLievre, E. E. Lessing, R. S. Levine, S. P. Levine, J. C. Loesch, R. M. Manek, D. A. Marcus, R. I. Martin, M. H. Mason, T. F. McGee, B. Medenica, G. Meschel, C. Miller, V. J. Mintek, V. Musonis, J. C. Nemecek, R. W. Nordan, A. H. Norton, W. Nydza, M. A. Partipilo, F. C. Perce, A. B. Platt, H. G. Plotke, K. C. Ranky, B. A. Rappaport, C. C. Rhead, E. A. Rigolin, C. H. Rodgers, D. L. Rosenberg, M. J. Rosenthal, L. Rowitz, S. L. Schensul, M. J. Schwarz, R. L. Sheverbush, Jr., W. H. Shlaes, W. H. Silverman, R. R. Sipowicz, A. J. Smith, A. J. Smith, H. W. Streicher, A. Suslick,

R. J. Thurnblad, T. T. Tourlentes, D. A. Trakas, J. A. Treppa, P. Tunkunas, E. R. Val, E. M. Wasserman, W. Weisdorf, S. H. Weissman, S. Wexler, M. Wigutow, R. G. Wilkerson, J. S. Winberg, R. I. Yufit

Clinical Associates: A. Barron, D. L. DeBoer, R. T. Fielding, M. L. Stern, H. Vergara

Instructors: T. Balsam, P. J. Berent, W. D. Carlock, R. K. Casper, A. C. Christopoulos, S. C. Clarke, F. A. DeLeon-Jones, Jr., E. S. Epstein, J. P. Gerber, S. E. Ghattas, I. Z. Hoffman, N. B. Knopf, K. Kumar, B. C. Mateo, M. J. McCabe, J. L. Moskovic, P. A. Mueller, M. M. Mukherjea, J. F. Patterson, P. Phoungcherdchoo, M. N. Quintos, D. E. Redmond, J. S. Rajtman, S. B. Riskus, G. A. Rogeness, C. A. Rucci, A. C. Samuels, F. F. Santaella, J. Schneider, E. J. Schumack, R. Shamsi, V. K. Siomopoulos, A. L. Skapars, G. J. Telot, E. M. Vanderstoep, J. J. Vazquez

Required Course — First Year

310. Behavioral Science. The purpose of the behavioral science course is to demonstrate the importance of taking account of sociocultural variables in treating patients effectively. Such variables are race, age, class, sex, role, mobility (geographic and social), ethnicity, power, and social change. The course is organized around the life cycle starting with infancy and ending with the process of dying and the meaning of death. Apart from the life cycle, various sociocultural topics and issues are investigated such as mental deficiency, prison medicine, alternative systems of delivery of health care, and alcoholism. Films and videotapes, such as those on family therapy, and sociodrama are used in addition to lectures. Experts on particular topics are brought in to lecture on their specialities when relevant. An attempt is made to coordinate this program with other aspects of medical training. One hour per week; F, W.

Required Courses — Second Year

325. Introduction to Interviewing. This course demonstrates and teaches the importance of observational skills that clinicians must use as interviewers in the course of the diagnosis and treatment of patients; it also demonstrates model doctor-patient relationships useful for optimum diagnosis and therapy. The course is organized in the following manner: the initial sessions are large group demonstrations of interviews, using audio-visual aids (television, film clips). Preceding the live and filmed demonstrations of interviewing, there is a lecture on the principles of interviewing. Following the large-scale demonstrations, the class is divided into eight to ten smaller groups for the remainder of the quarter where again demonstrations of patients being interviewed are conducted. One hour each week; F.

326. Introduction to Psychopathology. This course focuses on the processes involved in psychiatric symptom formation by showing, through live interviews, the development of various psychiatric disturbances. The processes underlying their formation are demonstrated through case material, and the student learns the methods used to understand case history data. The traditional psychiatric syndromes are not presented as such; instead, various examples of psychopathology, including neurotic disturbances, phobias, conversions, anxiety attacks, perversions, obsessions, compulsions, as well as psychotic symptomatology, are presented in terms of the psychic processes involved in their formation. The class is divided into eight to ten groups to allow closer observation of the patients and to enhance group discussion. One hour each week; Sp.

Required Clinical Courses

351. Clinical Psychiatry. The goal of the clinical clerkship in psychiatry is to facilitate the learning of psychiatry so that the physician will become knowledgeable in the practice of psychiatry with all manner of patients; physicians should become aware of those psychiatric situations that are manageable by nonpsychiatric physicians as well as those situations where referral to a psychiatric expert is indicated. Four teaching sessions per week are used to give experience in the diagnosis and management of interviewing patients, both adults and children. Another session is a didactic unit, dealing with areas of psychopathology and related areas best taught by seminars and lectures. One afternoon the class is divided into six groups to concentrate more carefully on important psychocultural topics such as drug abuse, sexual counseling, treatment of alcoholism, abortion, and treatment of acutely ill and dying patients. Three times a week rounds are made with internists to medical and surgical patients, to help understand the emotional aspects of medical and surgical illness.

There are several settings providing actual experience in psychiatric medicine, including Neuropsychiatric Institute, West Side Veterans Administration Hospital, Illinois State Psychiatric Institute, Institute for Juvenile Research, Cook County Family Court, and Mercy Hospital. Future settings will come from other Metro VI Community Hospitals.

Alternate Quarter Program

The alternative programs in psychiatry are designed to broaden the student's knowledge and skills in psychiatry and the related behavioral science disciplines. Students are encouraged to pursue individual interests, and a variety of research, clinical, or special study programs are available. There are four basic types of programs; all are full time.

399A. Introductory Alternate in Clinical Psychiatry. This program is for students who will be taking an alternative quarter in psychiatry before having

had the basic clinical psychiatry clerkship. Emphasis will be on interviewing skills, psychiatric evaluation, and fundamental therapeutic tools. There will be seminars on basic clinical topics, case presentations, and supervised clinical work. There will also be an opportunity to concentrate on a particular area is psychiatry. Su, F, W, Sp. Twenty students per quarter.

399B. Advanced Program in Clinical Psychiatry. This program offers clinical training beyond the level provided by the basic clerkship in psychiatry. Students electing this program will exercise a higher level of competence and assume more responsibility in the care of patients than before. The main emphasis of the learning experience is on competence in clinical psychiatry with a variety of individual and group-therapy techniques. The students are assigned several patients, for individual therapy, and a group, to work as a group therapist. The student will also serve as a member of a psychiatric team. There will be seminars devoted to special subject areas in psychiatry, case presentations, guest presentations, and observations of psychotherapy; the student will also do a small research project or in-depth study of some topic or problem area. Time to be arranged with members of the Department of Psychiatry.

399C. Alternate Quarter Research Program. This program is designed for students who wish to participate in some current research or undertake an individual study under the direction of a staff member. There are several research programs in the department, covering many behavioral sciences, and individual help and supervision is available. Students who elect to work in some research program will also gain a greater understanding of research methodology in the behavioral sciences and of the application of such methods to medicine. Su, F, W, and Sp. Twenty-two students per quarter.

399D. Special Studies in Psychiatry. This program offers the student a tutorial experience in clinical or community project conducted by a psychiatric team. The student will be expected to make himself conversant with the project, its origin and evolution, its present state, and its directions and relation to similar work in other centers. These programs may be off-campus or at another university. Examples of fields for special study include the educationally-deprived child, the mental health zone concept, or the community clinic in a deprived neighborhood. Su, F, W, and Sp. Ten students per quarter.

Elective Courses — Not for Credit

360. Survey of Developmental Research. Survey and analysis of research strategies employed in recent studies of developmental factors affecting normal and abnormal personality development. One hour each week; Sp.

361. Child Development Among the Urban Poor: Psychological and Social Aspects of the Development of the Urban Disadvantaged Child. This course

gives an overview of the life experience of the disadvantaged urban child and its impact on his academic achievement skills and his probable future life chances. The course also provides a background for greater understanding of many of the day-to-day phenomena observed in the pediatric and medical clinics, by placing these phenomena in a broader context.

RADIOLOGY

Professors: E. J. Liebner (Acting Head of Department), G. D. Dobben, H. C. Dudley, I. E. Kirsh, M. Liberson, D. J. Lochman, F. H. Squire (Emeritus), G. E. Valvassori, T. J. Wachowski

Associate Professors: D. S. Beilen (Emeritus), B. J. Hill, M. Hochhauser, S. A. Leader (Emeritus), A. M. Pantone, V. M. Patterson, E. Schwarz

Assistant Professors: B. Baker, L. Berlin, E. K. Borchart, G. E. Chan, J. W. Coleman, R. E. Darby, W. Doane, W. R. Dziadzka, R. E. Hass, A. A. Halko, V. J. Harris, W. J. Henderson, J. Heydemann, M. S. Huckman, S. S. Langer, D. K. Lee, S. H. Nasatir, H. Nowicka, R. E. Polcyn, L. D. Scott, R. P. Taylor, C. F. Whitney, Jr.

Lecturer: R. L. Phillips

Clinical Associates: F. Baylaender, L. B. Bobrow, J. H. Chao, G. F. Hogan, J. F. Ippoliti, L. Kaufman, F. Kimovec, G. F. Koptik, P. Lazarovits, H. I. Lopata, S. J. Mulopulos, N. L. Poteshman, H. W. Wiggins, Jr.

Instructors: V. Capek, A. T. Correa, R. G. Dirmish, S. J. Frank, R. J. Kriz, J. M. Nayden, A. Parvin, D. N. Sattem, K. D. Schmidt, N. O. Vinluan, J. A. Zimdars

The aim of the teaching program is to familiarize the student with x-ray methods of analysis as applied to anatomy, physiology, and pathology. Continual emphasis is placed on the ever-increasing scope of radiology, the indications for and limitations of various diagnostic and therapeutic procedures, the physical, biological, and genetic principles underlying radiation hazards, and means of preventing or minimizing dangers.

The teaching program is continuous throughout the four years of medical school. First-year students see television film demonstrations and television cine fluoroscopy demonstrations, and consult faculty radiologists during the gross anatomy course to correlate motion, function, and relationships with dissection material. During the second year students correlate x-rays and autopsy findings.

Required Clinical Courses

350. Radiology. The department contributes to the clinical lecture program beginning in the spring quarter of the sophomore year and extending through the first three quarters of the clinical years. The diagnostic and therapeutic fields of radiology are covered. Emphasis is placed upon normal ranges,

significant variations, and abnormal findings. The therapeutic portion includes actions and uses of radium, roentgen rays, and radioactive isotopes where appropriate, the biological effects of radiations, and public health aspects of atomic medicine and warfare; selected items of criminal detection and legal identity and responsibility are included.

374. **Clinical Radiology.** Logic and technique of x-ray interpretation are taught in small groups. Correlation of patients' symptoms and x-ray findings is made in the course of clincal rounds. Detection and management of cancer is taught by demonstration and discussion in tumor clinics, wards, operating rooms, and the radiation therapy section. Given in conjunction with clinical clerkships. Su, F, W, and Sp.

SURGERY

Professors: L. M. Nyhus (Head of Department), A. G. Anderson, R. J. Baker, J. A. Boswick, Jr., C. D. Branch, S. O. Burman, J. P. Cannon, T. H. Clarke, C. Cohen, W. H. Cole (Emeritus), J. W. Curtin, T. K. DasGupta, F. A. dePeyster, G. DeTakats (Emeritus), W. S. Dye, Jr., T. C. Everson, E. H. Fell, R. K. Gilchrist, A. F. Goldberg, P. W. Greeley (Emeritus), W. J. Grove, C. C. Guy (Emeritus), H. Javid, R. J. Jensik, O. C. Julian, H. T. Langston, D. M. Laskin, E. C. Lekan, D. M. Long, Jr., G. O. McDonald, F. L. McMillan (Emeritus), E. M. Miller (Emeritus), O. E. Nadeau (Emeritus), J. H. Olwin, J. R. Orndorff, C. B. Puestow (Emeritus), W. H. Requarth, J. T. Reynolds, R. L. Schmitz, W. Schumer, F. H. Strauss (Emeritus), E. L. Strohl, E. A. Stuebner, P. Thorek

Associate Professors: R. A. Atterbury, W. L. Barker, S. Black, R. G. Canham, J. C. Cooley, C. B. Davis, G. O. deTarnowsky, W. G. Diffenbaugh, A. E. Diggs (Emeritus), W. H. Eastman, L. P. Faber, H. V. Firor, E. Garside (Emeritus), W. J. Gillesby, G. H. Glassford, J. A. Hunter, V. Z. Hutchings, F. R. Johnson, O. M. Jonasson, B. C. Kilbourne, J. C. Kukral, A. G. Lawrence, S. E. Lawton (Emeritus), S. Levitsky, W. F. Lyon (Emeritus), J. D. Majarakis, W. Mayne, F. J. Milloy, Jr., G. S. Moss, R. G. Mrazek, Jr., G. A. Olander, D. E. Ore, M. L. Parker (Emeritus), S. Peskin, R. C. Schultz, L. Seed (Emeritus), J. M. Silver, G. Stadnicki, R. F. Stokes, F. V. Theis (Emeritus)

Assistant Professors: B. L. Abrams, R. E. Anderson, K. F. Bader, Jr., A. Bass, R. L. Bigg, C. T. Bombeck III, D. R. Boyd, E. A. Broccolo, C. D. Brown (Emeritus), D. M. Coder, E. P. Cruzat, M. P. Cunningham, R. A. Dixon, Jr., C. T. Drake, R. Forrest, J. W. Frisch, B. Gabrys, M. I. Gibbel, H. C. Giragos, J. D. Givens, I. Goldfarb, E. G. Goldin, B. A. Goldsmith, R. Green (Emeritus), A. G. Greenburg, L. C. Gunn, S. L. Hamilton, H. G. Hardt, Jr., R. A. Hess, J. T. Hinkamp, L. S. Hoch-

man, C. Ireneus, Jr., E. Jaffe, R. A. Katin, A. Kirsteins, F. E. Knock, R. E. Knode, R. O. Lewis, H. A. Lippitz, C. N. Mansour, A. C. Mazzier, W. J. McNabb, H. I. Meyer (Emeritus), H. P. Nennhaus, M. M. Patel, E. B. Paulissian, M. Pepper, E. R. Picken, J. H. Pribble, O. V. Renaud, R. W. Roesel, A. L. Rosen, E. T. Samet, E. B. Sanborn, Jr., J. H. Sanders, A. E. Schairer, J. R. Seaton, Jr., T. Sellett, P. Shambaugh, D. M. Sohn, H. Sohn, R. L. Sperling, T. J. Starshak, F. W. Strehl, A. B. Swerdlow, R. A. Tarizzo, T. R. Tenczar, M. M. Wasick, R. S. Webb, C. Y. Werelius, R. B. White, M. F. Witanowski, R. C. Youngberg

Lecturers: K. F. Borkovec, B. Flashner, W. E. Neville

Research Associates: I. P. Chan, K. Kusakari, C. E. Nordgren, K. Soji, N. Solhkhah, R. A. Zeineh

Clinical Associates: S. S. Bederman, D. M. Berger, A. S. Besser, R. S. Callaghan, A. L. Carney, J. A. Caserta, L. S. K. Chun, E. R. DiMarco, J. W. Faulkner, H. S. Firfer, R. Firfer, M. Fox, R. J. Fragen, D. U. Gasso, S. M. Goldman, A. T. Haebich, H. T. Hesketh, G. W. Holmes, A. C. Hrejsa, Y. Kim, D. J. McCarthy, R. W. Nemecek, D. R. Norman, D. M. Norris, R. C. Oldfield, Jr., W. S. Reeder, S. Richard, F. H. Rowe, J. Shah-Mirany, H. J. Svab, R. F. Teborek, J. B. Williams

Instructors: J. E. Abrahams, R. M. Barone, W. S. Battle, C. Bradley, B. W. Brient, P. W. Broido, P. Buinauskas, D. D. Caldarelli, F. S. Chua, J. T. Curry, D. O. Elias, H. A. A. Farisi, G. W. Fiscus, H. E. Gillette, J. J. Harris, M. A. Kugler, D. R. Lewis, R. J. Lowe, R. J. Maganini, R. P. Martino, T. Matsuda, B. Miller, O. V. D. Mowatt, R. L. Nichols, Y. S. Pae, J. A. Pick, M. M. Proffitt, G. H. M. Riahi, M. V. Rios, J. A. Sandrolini, M. G. Schiller, D. C. Siegel, R. D. Simmons, J. So, M. Teresi, S. W. Van Meter, D. K. Wood, R. F. Yario

The major subjects in the undergraduate teaching of surgery are surgical diagnosis, preoperative and postoperative care, and the principles of operative technique. Several additional years of intern and residency experience are required to obtain sufficient training in operative technique and judgment to qualify as a surgeon.

In the sophomore year the student receives an introduction to surgery through conferences and lectures given partly as interdepartmental conferences by members of the department and partly as an independent lecture series.

In the clinical years the student begins clerkship work on the ward where he takes the patient's history, performs examinations, and scrubs with the surgical team in the operating room when his patients come to operation. In the preoperative preparation of the patient and particularly in the postoperative care, the student comes in direct contact with the clinical application of physiology, biochemistry, and the other basic sciences. Half of the clerkship period is devoted to general surgery, the other half to two elective periods in surgical specialties.

Required Clinical Courses

350. **Clinical Lecture Program.** The department contributes substantially to the clinical lecture program which begins in the spring of the second year and continues through the first three quarters of the clinical years. Su, F, W, and Sp.

353. **Surgical Clerkship.** Students are assigned patients and are responsible for history, physical examination, and the initial laboratory work. General (also emergency), thoracic, oral, pediatric, plastic, genitourinary, and vascular surgery as well as anesthesiology are included. Each student spends two hours per week in the Tumor Clinic. University of Illinois Hospital, Cook County Hospital, and West Side Veterans Administration Hospital. Forty-four hours each week; Su, F, W, and Sp.

Alternate Quarter Program

399. **General Surgery and Surgical Specialties.** These programs are offered in order to permit small groups of senior students during the alternate quarter to study in depth certain surgical specialties or to enter into research within the Department of Surgery. These courses are offered as full-time clerkships at University of Illinois Hospital, or other hospitals associated with the University teaching program. The clerkships are not a repetition of the regular clerkship. Rather, the student spends all his time in a particular specialty area under the guidance of one faculty member. A student wishing to engage in research may carry out a problem of his own choice or participate in a faculty member's research program. The following clerkships and research experiences are offered: (1) research in surgery at the University of Illinois Hospital (tumor, general surgery, tissue culture, cardiovascular surgery, experimental gastroenterology, transplantation, and anesthesia); (2) specialty clerkships (tumor clinic, urology, emergency service, anesthesia, recovery room). Total enrollment is limited to twenty-six students with no more than two students in any one area of research or specialty program. Su, F, W, and Sp.

Elective Courses — Not for Credit

361. **Surgical and Clinical Anatomy.** A review of gross anatomy, except for central neuroanatomy. Emphasis is based on clinical application and correlations with embryology, physiology, pathology, and clinical surgery and medicine. A one hour lecture-discussion is followed by three hours of laboratory-dissection. Limited to twenty-four students each quarter. Monday afternoons, F, W, Sp.

491. **Surgical Seminar.** The content of the course may vary from quarter to quarter depending upon the availability of speakers and their research accomplishments. Slightly more than one-half of the time is devoted to

presentations by scientists outside of the department. The rest is devoted to discussion of our own surgical projects, criticizing methods and other features of the protocol. Most of the outside presentations are on research. Two hours each week; F, W, Sp, and Su.

ANESTHESIOLOGY

Professors: A. P. Winnie (Head of Division), R. C. Balagot, W. Gottschalk, S. Hatano

Associate Professors: R. F. Albrecht, E. J. Bennett, F. N. Heller, D. Katz, L. C. Lax, M. J. Levin, M. M. Lyons (Emerita), R. Rosenberg, J. L. Schmidt, L. Schwartz, A. T. Shima, M. Shulman, E. T. Toyooka

Assistant Professors: M. Baldoza, V. R. Bandelin, J. L. Bettag, L. M. Cadkin, E. G. Callegari, C. A. Custodio, W. S. Druz, G. Gleave, N. L. B. Goldberg, C. Hodges, R. G. Machado, H. E. Natof, K. Novak, S. Ramamurthy, V. V. Roman, R. F. Rose, E. A. Sabin, G. B. Schmidt, V. Traina, V. E. Wallace, M. K. Yon, B. Zahed

Lecturer: A. R. Kahn

Instructors: K. M. Han, C. Villalobos

Required Courses

378. Principles of Anesthesia. Principles of anesthesia are presented in a series of lectures as part of the clinical lecture program during the first three quarters of the clinical years.

UROLOGY

Professor: J. H. Kiefer

Associate Professors: G. O. Baumrucker, S. S. Clark, R. R. Haeger, F. W. Schacht (Emeritus), C. C. Wiggishoff

Assistant Professors: C. D. Berry, Jr., J. A. Calams, R. Cruz, R. E. Dahms, E. Deniz, A. Diaz, R. A. Flinn, J. A. Kozak, W. C. Meyer, C. O. Ritch (Emeritus), K. H. Simpson, V. Srinivasan

Instructors: H. Kumar, R. Misurec, R. F. Prudencio, J. C. Sutly

Required Clinical Courses

353. Clerkship. Given as an elective in conjunction with Surgery 353. Students are assigned patients and are responsible for the history, physical examination, and initial laboratory work. They also attend ward rounds. University of Illinois Hospital, Cook County Hospital, and West Side Veterans Administration Hospital. The more important urologic conditions are presented in detail by discussion and demonstration of patients, in a weekly urologic seminar. Su, F, W, and Sp.

PEORIA SCHOOL OF MEDICINE

Dean: N. J. Cotsonas, Jr.

Professors: C. D. Branch, N. J. Cotsonas, Jr., O. S. Walters

Associate Professors: W. H. Eastman, E. C. Herrmann, Jr.

Assistant Professors: W. H. Albers, B. E. Allen, E. Andri, C. W. Asbury, J. W. Berney, D. R. Bordeaux, P. J. Couri, P. R. Dirkse, P. W. Elwood, R. A. Flinn, N. K. Furlong, R. L. Gibson, R. D. Hart, C. J. Heiberger, J. C. Hunt, W. H. Marshall, J. P. McGowan, R. O. McMorris, M. A. Miller, W. S. Miller, R. W. Myers, J. I. Newman, E. S. Peterka, D. E. Rager, D. Rahman, S. Sriussadaporn, T. T. Tourlentes

Clinical Associates: E. F. Adams, M. A. Adland, A. A. Alcocer, G. I. Allen, B. C. Berg, Jr., G. J. Best, D. R. Bey, Jr., H. A. Boldt, Jr., L. M. Bowers, R. W. Brandes, R. N. Bransky, H. F. Brooks, E. Bruner, S. M. Bugaieski, S. B. Burdon, D. L. Burhans, B. R. Cahill, J. P. Callaway, J. W. Cannon, R. E. Chapman, T. W. Clark, F. K. Clayton, A. E. Cohen, M. H. Cohen, W. Cooley, Jr., H. E. Cooper, Jr., D. Copeland, G. S. Couri, B. V. Davis, J. O. Dean, R. K. Dean, R. A. DeBord, F. H. Decker, S. Decker, B. A. Dibadj, J. Domintz, G. W. Douglas, R. S. Easton, F. A. Elmudesi, E. R. Ensrud, L. R. Estoye, M. J. Everett, C. J. Farnum, Jr., A. D. Feinerman, A. C. Ferdinand, W. J. Fitzpatrick, J. J. Flaherty, D. Gallagher, D. J. Garwacki, A. Gaurie, J. L. Gibbs, C. W. Gibson, G. W. Giebelhausen, J. H. Goodlad, M. T. Gorsuch, G. W. Grawey, W. D. Griffin, R. R. Hall, L. K. Harman, G. A. Hart, W. H. Hart, F. J. Heinzen, J. P. Henderson, G. O. Hoerr, L. B. Holden, H. G. Johnson, W. T. Kamp, K. G. Kechriotis, J. N. Kenny, C. S. M. Koerner, R. V. Kowalski, P. E. Lawless, D. D. J. Leonida, D. Lew, L. S. Lourie, H. A. Lowy, T. M. Lukas, A. J. Martens, A. S. Maurer, C. H. McKelvey, H. J. McMenamin, T. R. McMorrow, T. McMullen, G. B. McNeely, S. E. E. Miller, M. C. Morris, J. D. Murphy, J. D. Myers, R. T. Myers, W. R. Nace, C. F. Neuhoff, R. E. Neumann, P. M. Norris, A. J. Novotny, J. C. O'Brian, R. G. Orenic, J. W. Otten, P. T. Palmer, R. A. Pflederer, F. P. Rafool, A. G. Rashid, R. V. Remolina, O. Rian, R. J. Richardson, R. W. Ridley, H. H. Rohrer, R. B. Rutherford, S. M. Scalzo, E. W. Schauerte, E. J. Schlicksup, W. Schwied, E. E. Seedorf, R. E. Seward, J. E. Sheen, M. A. Sheikh, G. C. Shonat, C. R. Smith, K. R. Sohlberg, J. S. Solovy, G. G. Spano, C. W. Stovall, Jr., F. L. Stuttle, J. C. Stuzman, R. E. Sumner, M. D. Swearingen, J. J. Taraska, L. D. Tarsinos, P. H. Taylor, C. J. Thomas, R. L. Tucker, E. A. Turow, I. L. Turow, R. E. Vandenberg, C. V. Ward, J. S. Ward, H. A. Warren, L. L. Watson, Jr., I. J. Weigensberg, H. Weinstein, B. V. Wetchler, C. F. White, F. Z. White, Jr., L. D. Whittaker, D. A. B. Willander, W. J. Zich, G. F. Zwicky, Jr.

Associates: S. S. Rosenberg, I. Wickram

Research Associates: L. O. Arthur, R. J. Bothast, L. A. Bulla, Jr., E. Frow, R. E. Wing

The Peoria School of Medicine was established on July 1, 1970, as a regional, semiautonomous, three-year clinical school, as part of the reorganization and expansion of the College of Medicine of the University of Illinois. The faculty numbers 200 and is composed primarily of practicing physicians. It has established as its goals a curriculum which allows for the maximum intellectual development of the student, the development of a healthy environment for the community of central Illinois, and an opportunity for the development of a quality comprehensive care system.

Burgess and Sisson Halls, on the Bradley University campus, a few blocks west of downtown Peoria, serve as the school's temporary home. Administrative offices, library, independent study areas, lecture and conference rooms, and teaching laboratories are housed here.

Methodist, Proctor, and St. Francis Hospitals, affiliated with the Peoria School of Medicine, provide over 1700 beds and serve as major loci for clinical teaching. Psychiatric inpatient and outpatient experience is provided through an affiliation with the Zeller Zone Center, a comprehensive mental health facility. A similar affiliation with the Institute for Physical Medicine and Rehabilitation gives students opportunities for experience in rehabilitation medicine. Other allied agencies provide the student with an overview of primary care.

The school is administered by the dean and the faculty within the framework of the College of Medicine.

Curriculum

The faculty of the Peoria School of Medicine seeks to provide a dynamic curriculum which will allow the maximal intellectual development of the student. The educational experience endeavors to engender student interest in delivering comprehensive health care to the citizens of the region and the state.

Considering the life-long continuum of learning to be an integral part of a medical career, the curriculum is designed to encourage individual responsibility and intellectual inquisitiveness. The curriculum is clinically oriented in all phases, and seeks to integrate and correlate relevant basic and behavioral sciences.

The curriculum for the first clinical (sophomore) year provides an

introduction to clinical medicine. Emphasizing the whole patient, the social, psychological, and environmental aspects of health, the course concentrates on individual organ systems. Patient contact allows the student to utilize and expand basic skills in problem solving and to gain insight into the doctor-patient relationship. Concentration on clinico-patho-physiologic correlations permits the student to integrate basic science into a body of fundamental knowledge regarding the normal function of the human organism and its response to disease.

The second year (junior) provides a setting where the supervision of primary care physicians places maximum emphasis on the clinical practice of medicine and the delivery of health care. Using case studies, learning experiences are provided on the wards of affiliated community hospitals, in family practice-oriented outpatient units, in offices of physicians in solo practice, in group-practice settings, and in a variety of other health agencies and facilities within the community and the region. Supervised study and the management of patients encourage growth in the decision-making process and the acceptance of responsibility. The student forms a close association with allied health professionals who are actively engaged in responding to the needs of patients, which creates a model for future practice patterns. Understanding the physician's role as a coordinator of the health team is critical to the growth and maturation of the student.

The third year (senior) is spent in elective programs, to permit the self-determined interests and career patterns to evolve. These elective opportunities give the student a wide variety of educational experiences from which he may tailor a program of his own choosing. Programs are available in traditional clinical disciplines, basic science, basic and clinical research, behavioral sciences (especially as related to the delivery of comprehensive health care), preventive medicine, and rehabilitation medicine. Students are also encouraged to develop programs of interest with members of the faculty, after approval of the office of the dean.

Sophomore Year Curriculum

Introduction to the Patient. This initial segment of the second year curriculum, while emphasizing basic concepts in patient interviewing and physical examination, will also be concerned with the relationship of the whole patient to his total environment. The problem-oriented record will be introduced as the vehicle for recording patient information. A course in basic pathology as well as the role of the laboratory in diagnosis will be presented during this segment.

Cardiovascular. The cardiovascular system segment is designed to provide the second-year medical student with an understanding of congenital heart disease, acquired heart disease, and hypertension by correlating patients with cardiovascular disease to the basic pathological process. The student also learns the skills of history taking and physical examination.

Respiratory. In the respiratory system segment, the student learns the data acquisition process for the respiratory organ system, and correlates such data with health and disease as it pertains to anatomy, physiology, and pathology. The student shall be expected to demonstrate his understanding of the respiratory organ system and its diseases.

Gastrointestinal. In the gastrointestinal system segment, the second-year student becomes acquainted with the gross and histologic pathology as well as the physiological pathology of the gastrointestinal tract. The segment relates diseases of the gut to clinically recognized syndromes and demonstrates the manifestations of disease in terms of history and physical findings as well as laboratory and radiological alterations. It will be assumed that the entering student is well-prepared in normal anatomy, histology, biochemistry, and physiology, and has mastered fundamentals of patient interview and physical examination.

Renal and Urinary. The curriculum for sophomore students in the renal and urinary system is designed to provide the second-year medical student with skills necessary for the diagnosis and treatment of maladies that pertain to that organ system. It will be assumed that the student is familiar with the normal embryology, anatomy, histology, and physiology of the renal and urinary system. The emphasis during this period will be on pathology and pathophysiology and their correlation with clinical disease. A series of different patient problems will be presented in a way which will allow each student to explore in detail the pertinent pathological entities. The problems will be either simulated case presentations or actual cases as they become available.

Neuromuscular, Skeletal, and Special Senses. The general goal of this segment is to give the second-year student a functional knowledge of the pathophysiology of the neuromuscular system, the musculoskeletal system, and the special senses. It will provide practice in the skill of history taking, physical examination, and other methods of data acquisition pertaining to these systems.

Endocrine and Reproductive. The four weeks on the endocrine and reproductive systems will be an introduction to the various pathological states. The normal biochemistry and anatomy of the organs involved will be reviewed. The emphasis will be clinical, although the salient gross and microscopic features of the variously encountered pathological states will also be covered.

Hematopoetic and Reticuloendothelial. The hematopoetic and reticuloendothelial segment will reacquaint the student with normal production and normal and abnormal activity and response to stimuli of the formed and fluid elements of the blood as well as the morphology of the cells. Examination of patients, elicitation of history, and selection and evaluation of laboratory procedures are planned to correlate physiologic responses to therapeutic events in patients with anemia, bleeding dyscrasias, and neoplasms. Basic pathologic processes will be covered in detail in representative forms of these diseases. Blood transfusion will be treated both as a therapeutic agent, with emphasis on indications and responses, and as an introduction to immunologic activity. Basic immunologic relationships of lymphoid and thymic tissue both between component cells and toward sensitizing agents will be reviewed. Syndromes of immunologic deficiencies will be studied primarily through a case history approach.

Required Clerkships

Pediatric Clerkship 351-352. The pediatric clerkship will be conducted at Methodist, Proctor, and St. Francis Hospitals. During ten weeks of the twelve-week clerkship the students will spend three weeks with newborn, four weeks with infants, and three weeks with older children. One-half day of each week will be spent in the pediatric outpatient clinic. The remaining two weeks will be spent in pediatricians' offices for experience in ambulatory care. Su, F, W, Sp.

Surgery Clerkship 353. The surgery clerkship will be conducted at Methodist, Proctor, and St. Francis Hospitals. The student will acquire basic competence in surgical diagnosis and judgment, pre- and post-operative care, and operative techniques. The student will be assigned patients, will be responsible for the history and physical examination, and will scrub with the surgical team when his assigned patients go to surgery. The students will also receive experience in emergency room care and in outpatient management. Su, F, W, Sp.

Medicine Clerkship 354.

Inpatient Medicine Clerkship: The inpatient medicine clerkship will be conducted at Methodist, Proctor, and St. Francis Hospitals. This clerkship is designed to develop the student's ability in problem-solving techniques. Case load assignments will be related to the student's progress. Emphasis will be on the development of skills in history taking, physical examination, data acquisition, and the use of problem-oriented records. Su, F, W, Sp.

Medicine Clerkship 377.

Outpatient Medicine Clerkship: The outpatient medicine clerkship will be conducted at Methodist and St. Francis Hospitals. Three half days each week will be spent in the outpatient facilities of these institutions. This clerkship is shared with neurosciences and psychiatry.

Neurosciences Clerkship (351): As part of the outpatient medicine clerkship the students will spend three and one-half days per week for four weeks, primarily on an inpatient service. The remainder of the time will be spent in outpatient neurology. This experience is designed to provide competency in neurologic examination and development of an approach to the investigation of neurologic problems. The students will be assigned cases and will be under the direct supervision of an attending neurologist on a preceptor basis. Su, F, W, Sp.

Clinical Psychiatry (351): As part of the outpatient medicine clerkship the students will spend three and one-half days a week for eight weeks in psychiatry. The experience contributes to a comprehensive view of the patient. Emphasis will be on interviewing techniques and psychiatric examination. This experience should assist the student in making psychosocial assessments of all his patients and in including the emotional aspects of the patient's illness in the overall assessment. Su, F, W, Sp.

Obstetric-Gynecology Clerkship (375). Each student will spend approximately nine weeks on the obstetric-gynecologic service. The student will be assigned patients, will be responsible for the history and physical examination, and will conduct normal deliveries under supervision. Each student may expect to deliver approximately ten women; he will participate in gynecologic operative procedures on his assigned patients. He will also participate weekly in conferences, ward rounds, and will attend two outpatient clinics per week. Su, F, W, Sp.

Orthopaedic Clerkship (376). The orthopaedic clerkship occupies three weeks of the obstetrics-gynecology clerkship. It is directed toward the recognition of orthopaedic problems in the newborn and adult. The student will participate in surgical procedures on assigned patients and will assist and perform common orthopaedic procedures. During the three weeks he will participate in the Crippled Children's Clinic. Su, F, W, Sp.

Alternate Quarters

Family Practice — Methodist Hospital. The students will be introduced to the concept of totality of care through demonstrations and involvement with inpatient care within the hospital and continuing care in office settings. The problem-oriented record will be used in this instructional experience. Su, F, W, Sp.

Family Practice — Proctor Hospital. This is a five-week program to be combined with any other similar length program. The program provides experience for students interested in the total care (whole-man concept) of patients of all ages — diagnosis, treatment, and continuing medical care in a family practice setting (private general practice). Su, F, W, Sp.

Family Practice — St. Francis Hospital. The alternate quarter in family practice at St. Francis Hospital provides experience in both inpatient and outpatient

medicine in a variety of settings. Outpatient experience will be in the family practice department of the St. Francis Community Clinic and in the two outreach clinics operating in medically deprived areas of the city. Inpatient experience gives the student the responsibility for initial work-up, diagnostic and therapeutic planning, and proposed follow-up treatment of patients admitted under chosen members of the family practice teaching staff. Supervision is assigned to the teaching staff members. Su, F, W, Sp.

Internal Medicine — Medical and Surgical Clinic. This quarter provides the student with concepts of total patient care in a group practice setting. Both inpatient and outpatient experience is provided. The student will be under the supervision of internists in the fourteen-man multispeciality group practice. Su, F, W, Sp.

Internal Medicine — St. Francis Hospital. This program provides students with additional experience in the case study method, in a setting which imposes a high level of patient responsibility upon the learner. Upon completion of this course, the student demonstrates his ability to satisfactorily evaluate and manage every aspect of an acute illness typical of those requiring emergency hospital admission. The student is assigned to the inpatient medical service unit of St. Francis Hospital in Peoria. One student. Prerequisite: the basic medical clerkship. Su, F, W, Sp.

Surgical Clerkship — Peoria Surgical Group. This experience is designed for students with an interest in surgery. The student sees how the practice of surgery is conducted in a community center, and gains insights into patient-physician and family-physician relationships. The clerk will be assigned patients in the office setting, perform initial history and physical examination, participate in pre-operative care, assist in surgery, and follow the patient through the post-operative recovery period. Su, F, W, Sp.

Urology — Methodist Hospital. This program provides students with experience in the practice of urology. It will acquaint students with a general urology practice including pediatrics, female, and male general urology. It also will contain a significant amount of nephrology and general medicine. Basic surgical pre- and post-operative care will be learned as well as operative technique. Upon completion of the course, the student should be able to deal effectively with nearly all urologic diseases and should have an appreciation of indicated surgical procedures. Su, F, W, Sp.

Anesthesiology. This program provides the student with an introduction to the practice of anesthesia and the post-operative management of patients. The quarter is divided into three sessions, the first on clinical anesthesiology, the second on inhalation therapy, and the third an assignment to special care units. Su. F, W, Sp.

Pediatrics — St. Francis Hospital. This quarter provides an experience with community pediatrics in a large community teaching hospital. Six weeks are spent in the management of acutely ill inpatients, with the students having

intern-type responsibility under the supervision of a pediatric resident. The remainder of the clerkship is divided into a three-week period on neo-natal medicine and a three-week period on out-patient medicine under the supervision of a pediatrician. Su, F, W, Sp.

Preventive Medicine —Proctor Hospital. With current concerns for developing new systems of health care delivery emphasizing the team approach to prevention of disease and injury, this five-week program has been designed to provide the student with a familiarity of community agencies providing preventive health maintenance service. The students will become acquainted with facilities in public health, occupational medicine, aviation medicine, health service administration, and other community agencies. Su, F, W, Sp.

Rehabilitation Medicine. This clerkship acquaints students with the various diagnostic and therapeutic techniques of physical medicine and assists them in acquiring skills in the application of these techniques. The student will be under the supervision of three full-time physiatrists in the Institute of Physical Medicine and Rehabilitation. Su, F, W, Sp.

Radiology — Methodist, Proctor, and St. Francis Hospitals. This six-week program will be conducted in the radiology departments of the three Peoria community hospitals. It provides the students with an understanding of the role of radiologists in the diagnosis and treatment of disease. The hazards of radiation and social and economic considerations will also be emphasized. Su, F, W, Sp.

Pathology. This program is designed for students who want more knowledge of the complex diagnostic possibilities of laboratory medicine. It offers a variable rotation through the laboratory and is designed to overlap "anatomic" and "clinical" pathology as well as clinical service to the patients. It provides experience and guidance in laboratory procedures and the interpretation of data. Su, F, W, Sp.

Cardiac Care — Methodist Hospital. This quarter develops the student's abilities to interpret electrocardiograms, diagnose and treat the arrhythmias seen in a coronary care unit, assist in the insertion of temporary and permanent cardiac pacemakers, and assist in cardio-pulmonary resuscitation. The student will be able to insert central venous pressure catheters and cardiac pacing catheters, perform a physical examination on cardiac patients, and explain the physiological aberrations observed in congestive heart failure, cardiogenic shock, arrhythmias, and pulmonary embolism. The student will be assigned to the cardiac care unit of Methodist Hospital, a twenty-nine-bed unit which includes a seven bed Phase I coronary care unit, an eight bed Phase II telemetry unit, and a fourteen bed Phase III convalescent unit. A special procedures room in the cardiac care unit is equipped for pacemaker insertions using an image intensifier fluoroscope. Su, F, W, Sp.

Intensive Care — Methodist Hospital. In this quarter the student will be involved in the management of patient problems requiring maximum care

(such as hemorrhagic shock, pulmonary embolism, respiratory failure, and renal failure). Experience will be provided in the use of monitoring equipment, defibrillators, and hemodialysis. The student will acquire skills in insertion of CVP catheters and endotracheal tubes, cardio pulmonary resuscitation, regulation of respirators, and others. The case-study format will be utilized. The program is under the guidance of faculty of the Peoria School of Medicine in the intensive care unit of Methodist Hospital. Su, F, W, Sp. Prerequisite: any required clinical clerkship.

Housing

Convenient housing facilities, both private dwellings and apartment complexes, are available for students and families in Peoria and its immediate environs. An opportunity to live in the community rather than in campus housing enhances the students' opportunities to become actively involved in the community.

Recreational Facilities

A modern YMCA providing gymnasium facilities, including handball courts and swimming pool, is available to students. The physical education facilities, game rooms, and intramural programs of Bradley University are also available for student recreational activity.

ROCKFORD SCHOOL OF MEDICINE

Dean: R. L. Evans

Professors: R. L. Evans, M. J. Gullickson, L. P. Johnson, A. R. Tammes

Associate Professors: K. F. Bader, R. F. Beers, J. G. Pittman, R. M. Reece, L. Rubin, W. G. Smith

Assistant Professors: R. E. Anderson, M. Barancik, P. K. Burkholder, W. D. Cox, H. J. Drell, P. T. Grimes, D. F. Hajek, R. H. Harner, G. Hoffman, D. H. Holder, N. J. Manno, J. S. Mitchell, R. H. Pierce, D. L. Richardson, R. J. Rosenberg, P. J. Seward, R. S. Webb

Associate: T. H. Quinlan

Clinical Associates: M. O. Alexander, H. C. Anderson, P. A. Anderson, R. L. Anderson, S. E. Anderson, B. F. Avery, W. W. Babcock, Jr., L. P. Bach, J. L. Bacon, J. J. Bailey, C. S. Ballinger, J. J. Baum, R. A. Behmer, J. L. Bender, J. P. Berger, L. F. Blomberg, J. Bona, W. W. Boswell, J. A. Bowman, A. Braze, I. M. Brechtel, E. Bruch, R. E. Burmeister, G. T. Burns, H. C. Carlson, Jr., D. J. Chang, R. G. Christiansen, T. W. Cook, Jr., E. M. Crawford, M. F. Cristoforo, K. R. Davis, P. E. Dee, F. H. Descourouez, R. D. DeSwarte, N. R. Dougherty, R. F. Doyle, M. L. Duchon, J. A. Elliott, D. T. Ellis, D. F. Fancsali, D. P. Feeney, R. C. Fellows, J. R. Fenoglio, T. N. Fisher, J. R. Foster, A. L. Francik, J. N. Frederick, W. C. Fuller, J. J. Gilberti, T. R. Glatter, C. W. Gray, J. G. Graybill, G. C. Green, R. G. Green, B. E. Greenfield, P. T. Grimes, M. I. Guminski, N. A. Hagman, S. E. Hall, A. S. Halle, R G. Halvorson, H. W. Harrison, R. D. Harshfield, R. F. Harvey, J. O. Heald, R. E. Heerens, M. L. Henderson, R. A. Henry, R. D. Hilbert, M. V. Hinken, T. H. Hollon, J. Hosek, E. G. Hrasky, S. Jannoun, H. A. Johnson, R. W. Johnson, R. P. Johnson, H. D. Jones, W. D. Jones, K. J. Kalweit, A. Kaplan, G. A. Kernwein, J. D. King, E. W. Klink, J. E. Koepsell, M. F. F. Kohl, W. W. Kolatalo, L. T. Koritz, D. W. Krans, H. P. Krueger, C. J. Lafler, T. J. Lang, G. D. Langejans, W. H. Langewisch, H. E. LaPlante, W. M. Larson, H. P. Lash, C. L. Leonard, E. T. Leonard, J. T. Leonard, W. C. Lewis, J. P. Locksmith, W. L. Lowry, G. D. Lucas, T. T. Lukasik, J. G. Lyday, D. W. Lyddon, D. W. Lyddon, Jr., H. V. Madsen, A. C. Maimon, L. C. Makeever, A. C. Manetti, A. R. K. Matthews, J. P. McHugh, C. B. McIntosh, J. F. McKeage, E. J. McKinney, J. P. McPherson, S. B. Mer, A. C. Meyer, K. Modir, S. M. Mousavi-Pour, F. A. Munsey, F. Nador, M. L. Nicholson, R. M. Norris, W. O. Orlow, J. E. Orthoefer, C. E. Osadjan, Jr., L. R. Owano, T. J. Pak, G. S. Pap, Lucia T. F. Pap, H. W. Pemberton, J. S. Perez, G. R. Peterson, C. L. Picus, E. V. Platt, V. Ploplys, M. Plotkin, R. I. Pritikin, J. L. Probasco, R. M. Ragsdale, R. E. Ramstedt, C. A. Richards, F. H. Riordan III, C. T. Roe, Jr., H. H. Rohrer, B.

Roseberg, R. J. Rosenberg, R. Runstrom, J. R. Sattler, N. A. Schafer, E. A. Schilling, B. C. Schnell, I. Schwartz, J. W. Seidlin, W. F. Seifert, E. G. Sermier, J. M. Severson, Jr., E. H. Sharp, W. N. Slinger, C. P. Smith, F. N. Smith, Jr., J. H. Smith, R. G. Smith, S. S. Smith, E. T. Sorensen, G. F. Staub, D. J. Stinson, G. S. Stohl, A. E. Sulek, A. M. Swanson, R. F. Taylor, J. E. Tillis, J. H. Topp, I. H. Trejo, H. G. Vanderspek, H. W. VanLandingham, J. H. VanLandingham, P. A. Van Pernis, C. J. Wacker, C. Wade, R. A. Warrner, R. D. Weber, D. R. Welsh, R. M. Wendel, R. E. Whitsitt, H. D. Willuhn, R. G. Wilson, D. H. Wortmann, K. L. Wrage, D. H. Wrork, C. N. Young, J. A. Zammuto, H. E. Zenisek, Sr., P. G. Zimmerman

The Rockford School of Medicine (RSM) was created by the Board of Trustees of the University of Illinois in May 1971. The school represents both a philosophical and a practical departure from the traditional post-Flexner academic medical center. It is designed as a medical school without physical or psychological walls and represents a bridge spanning the academic medical center and the community health needs and expectations. RSM is predicated on the concept that the community hospital, with its staff of practicing physicians, and other community health resources form a valid basis for the education of medical students. Patient care and medical education are viewed as a unit, and the medical student is considered a vital member of the health care team. While firmly believing that the scientific practice of medicine rests on continuing research into basic biological phenomena, RSM places primary emphasis on developing competent and committed physicians in all specialties.

Rockford, the second largest city in Illinois, has a population of approximately 150,000 with a patient 'catchment area' of close to 300,000. Three acute general hospitals (Rockford Memorial, Swedish-American, and St. Anthony's) provide 1,000 beds and 90 bassinets and have over 36,000 admissions and 5,000 deliveries annually. Combined outpatient visits for treatment and diagnostic studies approximate 200,000 each year. In addition, a 200-bed state-operated psychiatric hospital (the Singer Zone Center) maintains both inpatient and ambulatory care for emotionally disturbed patients in the area.

There are three nursing schools within the city. The medical school library contains 30,000 volumes and maintains several hundred subscriptions to the leading publications. In addition, books, journals, and reprints are available twice daily on notice from the Library of Medical Sciences of the University of Illinois at the Medical Center. Rehabilitation centers, regional trauma centers, an acute and chronic dialysis unit,

a neonatal intensive care ward, an open heart surgical team, a pulmonary function unit, and high voltage radiation facilities are available and provide the community with highly sophisticated medical care. At the same time, approximately 50 general practitioners (out of 240 active physicians) provide comprehensive care and form an essential part of the community's health care team.

Rockford is an industrial but smogless city noted especially for its machine-tool plants. The recreational facilities of Rock Valley College and Rockford College are available to the faculty, house staff, and students of RSM. A new YMCA offers swimming, basketball, handball, and paddleball, and public tennis courts, pools, and golf courses are also available. A wide variety of housing (furnished and unfurnished apartments, rooms, duplexes, and houses) is available at reasonable prices. Rockford is linked to Chicago by an expressway; the Loop is ninety minutes away by regularly scheduled buses. O'Hare International Airport and many winter and summer recreational areas in southern Wisconsin, are an hour's drive from Rockford.

Curriculum

The curriculum of RSM has been largely developed by the community's practicing physicians, who also teach in the school along with full-time faculty members. The overall goal of the curriculum is to produce a physician with a highly developed sense of professional responsibility for individual patients and a sense of social responsibility for the health needs of the community. RSM sees education as a life-long process; the student will be encouraged to develop methods and habits for his continuing medical education. The curriculum permits the student to remain flexible in his career choice for as long as possible, while gaining the breadth of experience needed to compare the many fields in medicine, teaching, and research. The curriculum consists of three major parts: an orientation period, a basic professional experience comprising most of the sophomore and junior years, and the basic hospital experience during the senior year.

The initial three months are devoted to *orientation*. Direct involvement with patients will begin in the second week with graduated experience in history taking and physical examination. The problem-oriented medical record will be introduced and will form the basis, not only for patient evaluation, but also for self-evaluation and peer review. In addition, the student is oriented into the community: its health care system, government, industry, social structure, and educational system. The

orientation period will conclude with a four-week block of radiology and pathology in order to provide the student with the basic vocabulary he will need in his later studies.

The *basic professional experience* is composed of fifteen segments essential for all physicians regardless of future career choice. Four weeks will be devoted to each of the following segments: reproduction, nervous system, immunology, pulmonary system and anesthesiology, renal and urinary systems, integumentary system, radiology, and clinical pathology. Eight-week blocks will be spent on cardiovascular system, gastro-intestinal system, infectious disease and reticuloendothelial system, and endocrinology and metabolism. There are opportunities for several experiences with individual physicians or small groups of physicians. The teaching of basic knowledge and clinical skills and attitudes is combined, avoiding the traditional — and artificial — division between "preclinical" and "clinical" sciences.

During the orientation period the student will be introduced to the *community health center programs.* This is an innovation of RSM which provides experience and instruction in ambulatory care while offering continuous, comprehensive, personal health care to selected populations in the Rockford area lacking a sufficient number of physicians. Patients will not be drawn solely from the medically deprived but will be a cross section of local populations, simulating the actual practice of family medicine that the student may encounter after graduation. Throughout the three years at RSM each student will spend two half-days per week in a community health center. Whenever possible, the student will be at the same center during his three years, giving him the opportunity for a close doctor-patient relationship and for a longitudinal observation of the natural history of disease. The teacher-practitioners staffing the community health centers are physicians skilled in ambulatory care; they include board certified or qualified internists, pediatricians, and family practitioners. The teacher-student ratio varies between one to two and one to four. Subspecialty consultations will be available as needed. Night and weekend coverage is provided by family medicine residents with whom the students will work closely. Community health centers also form an essential part of the psychiatric teaching program. Members of the psychiatric faculty visit each center on a regular schedule and see emotionally disturbed patients with students and teacher-practitioners.

The final year at the RSM is designated as the *basic hopsital experience.* Although the student will continue to visit his community health center for two half-days weekly, the remainder of his time will be spent

working with patients in the four community teaching hospitals. This year is designed to meet several objectives. First, it will teach the student the fundamentals of internal medicine and psychiatry, two fields that pervade all other spheres of clinical medicine. Second, it will permit the student considerable elective time in which to pursue his individual goals. Third, it is hoped that this hospital experience will allow the interested student to substitute his senior year at RSM for the first year of postgraduate training necessary for fulfilling specific requirements of various specialty boards. Thus, the senior year has been structured as an internship, with the student assuming increasingly direct responsibility for patient care under the supervision of the resident staff and the faculty. It is axiomatic that the more responsibility given to a medical student, the more medicine he learns; every effort is made to permit the student to assume responsibility for his patients commensurate with his knowledge, skill, and maturity. Around a core of internal medicine and psychiatry, the flexible senior curriculum offers the student a wide selection of 'straight internship' courses including surgery, pediatrics, obstetrics-gynecology, pathology, radiology, clinical pharmacology, community medicine, and various surgical and medical subspecialties.

Graduate Medical Education

An approved three-year residency in family medicine began on July 1, 1972, with eleven residents; it will grow to twenty-seven residents. The program is designed to produce a specialist well-versed in internal medicine, pediatrics, psychiatry, and community and preventive medicine. Major electives in obstetrics and surgery are available for interested residents. A model Family Practice Unit in the medical school building provides a focus for the educational experience. Full residency programs in the other specialties are now being developed with plans to open in 1973 and 1974.

Electives

In addition to the clinical electives available during the senior year, there are other optional experiences. An *education elective* is available during the senior year to give the student an understanding of the teaching-learning process and some of the methodologies and tools of education related to the medical sphere. A *research elective* is available to the student during all three years. Under the guidance of a faculty member, he may pursue a research project of his choosing at either a basic science or clinical level.

METROPOLITAN CHICAGO GROUP
OF UNIVERSITY OF ILLINOIS
AFFILIATED HOSPITALS

METROPOLITAN CHICAGO GROUP OF UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS

In December 1970 six community hospitals in the Chicago metropolitan area became affiliated with the College of Medicine. These hospitals are:

Illinois Masonic Medical Center, 836 Wellington Avenue, Chicago 60657

Louis A. Weiss Memorial Hospital, 4646 Marine Drive, Chicago 60640

Lutheran General & Deaconess Hospitals, 1775 Dempster Street, Park Ridge 60068

Mercy Hospital Medical Center, Stevenson Expressway at King Drive, Chicago 60616

Ravenswood Hospital Medical Center, 1931 West Wilson Avenue, Chicago 60640

MacNeal Memorial Hospital, 3249 South Oak Park Avenue, Berwyn 60402

Collectively these are informally known as the metropolitan hospital group. The faculty based in these hospitals constitute a large clinical teaching staff. Students assigned to the Abraham Lincoln School of Medicine are assigned to these hospitals for clinical clerkships. Together the hospitals provide a wide variety of educational experiences.

SCHOOL OF ASSOCIATED
MEDICAL SCIENCES

SCHOOL OF ASSOCIATED MEDICAL SCIENCES

Dean: T. F. Zimmerman

The School of Associated Medical Sciences, established in the College of Medicine in 1963, offers course work leading to a baccalaureate degree in six curricula: medical art, medical dietetics, medical record administration, medical laboratory science, occupational therapy, and physical therapy. Each curriculum in the school is committed to concerns for the individual student, the professions represented, patient care, and the community.

CURRICULUM IN MEDICAL ART

Professor: A. H. Goodwin (Director)
Associate Professors: E. W. Hospodar, W. R. Schwarz
Assistant Professor: R. F. Parshall
Instructor: A. A. Katz

A medical artist's function is to develop visual materials to facilitate communication in the medical sciences. Increasing recognition of the need to supplement the purely verbal media with related visual illustration is leading to expanding opportunities for the properly educated medical artist. Medical illustrators produce such materials as drawings for books and periodicals, television graphics, drawings and diagrams to clarify and conceptualize still photographs and films, exhibit drawings, three-dimensional structural models, museum displays, and exhibits for medical conventions.

The curriculum in medical art gives the student an educational foundation in art and biological sciences taken in three years of study at the College of Fine and Applied Arts at the Urbana-Champaign campus. Following this, the student transfers to the School of Associated Medical Sciences at the Medical Center campus for two more years of study in art as applied to the medical sciences. Here the student acquires a solid foundation for understanding human anatomy and pathology, and becomes acquainted with trends in scientific research and education. He learns to adapt his drawing skills to the needs of scientific communication; to investigate an unfamiliar subject expediently and to synthesize knowledge acquired from varied sources into informative visual presentations. Also, he develops an underlying sense of critical appraisal which helps him to evaluate his work regardless of what form it should take at some later time.

The professional phase of this curriculum leading to a degree of Bachelor of Science in Medical Art is conducted in the University of Illinois illustration studios. The students work in close proximity to the faculty, sometimes participating in their service projects for the University.

CURRICULUM IN MEDICAL DIETETICS

Assistant Professors: D. Brownold (Acting Director), S. K. Kamath, B. L. Robb
Instructor: J. G. Gary

A medical dietitian provides nutritional care for people, just as a physician provides medical care. Nutritional care involves evaluating people's nutrient and food intake and, if indicated, counseling them regarding improvement of their food habits. Suggestions are made within the person's established habits of food choice and preparation.

Nutrition is a relatively young science, but the unique importance of nutrition to people's health is unquestioned. The medical dietitian is concerned with the nutrients in health and in illness, and recognizes the many other values that food has for people.

The medical dietitian may be employed in a variety of settings. In the hospital, the outpatient clinic, and the community health care center, he works closely with other members of the health care team. A major role in all of these settings is providing nutrition education to people. For some patients, diet control constitutes part of their treatment. The medical dietitian employed in a hospital assists patients in the selection of their daily meals. The medical dietitian may work in other agencies which are involved in promoting health, such as a government agency, trade association, or professional organization. Opportunities also are available with food companies which require interpretation of consumers' needs for the development and marketing of food products.

An important component of courses in medical dietetics is working with people, translating theory into practice. The medical and social environment of the Medical Center provides a variety of health care facilities for learning experiences.

Seven quarters of full-time study are required to complete the curriculum, which begins in the fall quarter of the junior year and ends in the spring quarter of the senior year, when the degree Bachelor of Science in Medical Dietetics is conferred.

The curriculum in medical dietetics is approved by the American Dietetic Association; graduates are eligible to write the registration examination and to apply for membership in the association.

CURRICULUM IN MEDICAL RECORD ADMINISTRATION

Assistant Professors: R. M. Finnegan (Director), A. J. Kucera
Instructors: M. Amatayakul, J. Farrell

A medical record administrator's function is to:

1. Obtain complete records on individual patients from each member of the professional staff (surgeons, pathologists, nurses, and others) which often in-

volves planning medical record systems and designing new forms to provide all necessary information.

2. Design and maintain a filing system capable of making each record easily available.
3. Release information from the record files to authorized persons. Medical records of former patients are often needed for emergency treatment. Health officials, insurance companies, attorneys, and others must be provided with accurate information which can be found only in medical records.
4. Analyze the records which come into the medical record department and prepare them for future use. Data on the quality of medical care rendered the patient must be abstracted from the records and compiled through manual or electronic data processing systems for use of the hospital directors, public health officials, and others.
5. Classify records for future research use.

The University of Illinois curriculum in medical record administration is approved by the Council on Medical Education of the American Medical Association and complies with the *Essentials* of the American Medical Record Association.

This curriculum provides the student with a basic foundation in social and biological sciences through three years of study in liberal arts. Following admission to the School of Associated Medical Sciences at the Medical Center campus, the student learns standardized systems of disease nomenclature and numerical coding, the vocabulary of medicine and its techniques, and the organizational and managerial skills of a specialist which are now required to develop and administer a properly functioning medical record department. Course work is integrated with laboratory and directed practice experiences in the medical record departments of the University Hospital and affiliated hospitals so that the student may develop proficiency in medical record procedures.

CURRICULUM IN MEDICAL LABORATORY SCIENCES

Associate Professor: R. M. French (Director)

Assistant Professors: B. J. Fiorella, K. R. Hammer, R. I. Heinemann, E. L. Thomas

Instructors: M. T. Johnson, L. C. Schumacher

Like medicine itself, clinical laboratory medicine is made up of an increasingly varied spectrum of specialties. Each specialty uses general physical and biological sciences and basic medical sciences in its focus on a particular area.

The present program for the generalist, medical technology, prepares the technologist to perform a wide variety of tests, to give the physician both quantitative and qualitative data to assist him in the decisions he must make in diagnosis and treatment of patients. These data are important in the identification

of the causes of disease, the severity of the disease, and in the determination of the effectiveness and of the type of treatment to be employed.

The medical technologist applies knowledge and skills from the biological and physical sciences in performing the tests. This requires a foundation in biology, chemistry, physics, and mathematics leading to expertise in microbiology, hematology, clinical chemistry, immunology, and immunohematology. Depending upon the size and organization of the laboratory in which he works, and his own interests, a medical technologist may participate in work in all of these areas or may specialize in one particular area in either service or research laboratories.

With the continual growth and development of clinical laboratory medicine, it is essential that a thorough understanding of the biological and physical sciences as applied to service in medicine be acquired if the goals of excellence in patient care are to be achieved. It is upon this professional basis that the program in medical technology has been built. In addition, the requirements in liberal arts are intended to maintain a balanced approach to education for life.

The program in medical technology is approved by the Council on Medical Education of the American Medical Association through the Board of Schools of Medical Technologists of the American Society of Clinical Pathologists (ASCP). Graduates of this program are eligible to write the certifying examination of the Board of Registry of Medical Technologists of the ASCP.

Three years of preparatory education in liberal arts and sciences are required for admission to the program. Professional courses are completed in the senior year, culminating in the degree of Bachelor of Science in Medical Technology. The professional courses begin in June, requiring a full calendar year to complete.

CURRICULUM IN OCCUPATIONAL THERAPY

Associate Professors: B. Loomis (Director), B. Wade (Emerita)

Assistant Professors: R. Cahill, M. V. Dunn, G. H. I. Holverson, M. J. Madigan, R. J. McCauley, M. M. Slattery, P. A. Tiernan

Instructors: J. C. Ainsley, B. C. Diamond, E. E. Erich, S. E. Esenther, M. E. Gentile, R. Hadra, M. A. P. Karim, S. M. Lindahl, K. L. Overly, R. A. Watkins

Occupational therapy utilizes directed activity and special skills as treatment. It assists the patient whose normal growth and development have been interrupted by disease, injury, or environmental problems to regain physical function and emotional and social adjustment. Working under the direction of the physician, the therapist contributes to the evaluation of the patient's needs, formulates and implements definitive treatment plans, and records patient progress. He correlates his treatment with that of other associated health services.

An increasing emphasis is placed today on this profession's contribution to

prevention of physical and psychological ills through health programs outside the traditional hospital setting.

The young man or woman who chooses to enter this profession should possess an academic interest in medical and social sciences and a willingness to develop skills in creative and manual activities. The occupational therapist must possess patience, persistence, and good judgment. He should be emotionally mature, adaptable, and skillful in personal relationships.

The curriculum is approved by the Council on Medical Education of the American Medical Association; its graduates are eligible to write the examination for admission to the Registry of the American Occupational Therapy Association.

The course of study is offered for a six-semester period in the College of Liberal Arts and Sciences at the Urbana-Champaign campus, and then for sixteen consecutive calendar months at the Medical Center campus. The University accepts credits in basic cultural subjects and social sciences earned in other colleges by transfer applicants, thus making possible a shorter period of instruction on the Urbana-Champaign campus. In a few instances, students have been able to register at other universities in all the courses required for admission to that portion of the curriculum offered in the Medical Center. A high school diploma is required for admission, as well as a personal interview with the director of the curriculum, or his representative.

While on the Urbana-Champaign campus, the student devotes his time and study to basic cultural courses, behavioral and physical sciences, and biological studies including anatomy, physiology, kinesiology, and psychology. In addition, he registers in courses through which he acquires some skill in activity media, some basic concepts of treatment in occupational therapy, and an introduction to community health problems. Through these studies and participation in ILLISOTA (the student occupational therapy association), the registrant acquires initial, basic professional knowledge which provides a foundation for continued study at the Medical Center.

CURRICULUM IN PHYSICAL THERAPY

Associate Professor: G. M. Brawley (Director)

Assistant Professors: S. J. Benzies, H. G. Knecht

Physical therapy is one of the health professions which deals directly with the patient and his attendant problems and limitations. It is a profession which depends heavily on the knowledge and application of the basic medical/health sciences and the behavioral sciences, coupled with knowledge and skill in the clinical sciences and clinical arts. Upon diagnosis and referral of the patient by a qualified physician or dentist, the physical therapist uses various physical agents (heat, light, electricity, sound, water, massage, and exercise), evaluation techniques, and assistive devices in an effort to achieve the objectives of the

treatment program. Prevention of disability, maximum restoration and rehabilitation, and a return of the patient to a useful place in society are the goals for each patient. Thus, in cooperation with other health professionals, the physical therapist helps to meet the individual needs of the patient and the health needs of society.

In general, physical therapists may function in four different capacities:

1. As staff, supervisory, or self-employed practitioners providing direct services to patients.
2. As administrators of programs in educational institutions, clinical departments, or health agencies.
3. As consultants to health care agencies.
4. As teachers in clinical and academic settings.

These activities may be in hospitals, clinics, rehabilitation centers, schools for handicapped children, neighborhood health centers, physicians' offices, nursing homes and convalescent centers, private and public health agencies, and in colleges and universities. The work of the physical therapist varies depending on the setting.

The course of study in physical therapy has two phases: two preprofessional years at an accredited college or university, and two professional years at the Medical Center. The preprofessional work must include one academic year of study in the biological sciences, in chemistry, and in physics, and at least one course in psychology. The professional course work includes the basic medical/health sciences, clinical medicine and surgery, physical therapy principles and practices, and physical therapy arts, all of which are essential to the understanding of physical therapy practice. Upon successful completion of this phase, the degree of Bachelor of Science in Physical Therapy is conferred.

CENTER FOR EDUCATIONAL DEVELOPMENT

Professors: G. E. Miller (Director), C. McGuire

Associate Professors: C. R. Brown, A. G. Rezler

Assistant Professors: P. G. Bashook, W. R. Crawford III, A. J. Diekema, W. G. Harless, R. I. Heinemann, C. J. Olson, D. F. Pochyly, A. W. Sajid, R. L. Sheverbush, Jr., T. V. Telder, A. W. Walldren

Instructors: T. J. Bligh, J. A. Bobula, M. M. Bride, E. M. Bughman, K. J. Connell, G. G. Drennon, R. P. Foley, J. L. Haynes, J. J. Marxer, J. F. Monahan, R. L. Nerenberg, G. G. Page, F. B. Penta, S. A. Perlmutter, D. R. Pukula, J. A. Root, E. A. Schwab, Jr., W. E. Sorlie, M. Wise

Associates: P. H. Bogner, R. M. Davis, D. L. Ford, M. K. Hoffman, B. H. Huncke, S. Kofman, T. H. Quinlan, L. M. Solomon

In 1959 the College of Medicine established the Office of Research in Medical Education to lend direction and professional support to a carefully planned and all-inclusive study of the college educational program. This intramural effort was expanded in 1964 to include the Center for the Study of Medical Education, in which educational research and development programs that went beyond the college could be organized. In 1970 these functions were consolidated in the Center for Educational Development, which has become a key resource in the refashioning of medical education that has accompanied college reorganization and expansion.

Throughout this period particular attention has been given to the study of curricular organization, to the design and study of educational systems, including sophisticated instructional technology, and to the creation or refinement of methods for evaluating student achievement and program effectiveness. The initial focus was the medical school course of instruction, but research and development programs have now expanded to include internship and residency as well as continuing education for health practitioners. Training opportunities are also provided. Those seeking special preparation for a career in medical education may select either a research fellowship or a graduate program, offered jointly with the College of Education, leading to a Master of Education (in medicine) degree. Medical faculty members who wish a more abbreviated introduction to the field may enroll in intensive courses which are offered periodically. Elective and alternate programs for medical students can be arranged.

The center also organizes international educational research development and teacher training programs in its role as a collaborating institute of the World Health Organization.

LIBRARY

The Library of the Health Sciences serves the faculty, students, and staff of the Colleges of Dentistry, Medicine, Nursing, and Pharmacy, the School of Public Health, the Graduate College, the University of Illinois Hospital, and affiliated institutions in Chicago. Its collection is a comprehensive one, including materials in all of the subject fields of interest in the teaching, research, and clinical programs of the units which it serves. Over 2,400 current periodicals are received and over 200,000 books and bound periodical volumes are available. The library is a member of the State University of New York Biomedical Communication Network, an on-line information retrieval system for searching 2,000 international medical journals and the monographic literature. The library's facilities are available for reference use and a trained professional staff of twenty is employed. Most library materials circulate for use outside the reading rooms. A photocopy service is available.

The Library of the Health Sciences is one of the resource libraries of the Midwest Regional Medical Library program. The library publishes a monthly newsletter containing a list of current acquisitions and an annual union list of serials giving library holdings and location for all serials, current and noncurrent. Planning for a new building to house the library has been completed; construction is scheduled to begin in the fall of 1972, with occupancy expected by the spring of 1975.

The library acts as the resource library for its branches at the Peoria and Rockford Schools of Medicine, the School of Basic Medical Sciences at Urbana-Champaign, and the Metropolitan Chicago Group of University of Illinois Affiliated Hospitals. The Winnebago County Medical Society has donated its collection to serve as the nucleus of the library for the Rockford School of Medicine, and new facilities for the collection are scheduled to open in the fall of 1972. The Peoria School of Medicine Library moved into newly remodeled quarters in March 1972. These libraries are expected to contain approximately 30,000 volumes in the next five years and contain basic collections of clinical journals and recent monographs. All normal library services are offered and materials located in Chicago are usually available within forty-eight hours. The Library of the Health Sciences is augmented by the collections of the University of Illinois at Chicago Circle, and users of the Medical Center library may also use that library. Scheduled shuttle buses connect the two campuses to provide easy access for students, faculty, and staff.

MUSEUMS

Pathology Museum. The Department of Pathology maintains a museum which is designed to be a self-contained visual teaching aid. It is located immediately adjacent to the pathology laboratories and occupies a floor space of 1,232 square feet. Seventy 40-by-30-inch display boards accommodate a series of temporary exhibits. These exhibits correlate with the material currently covered in the laboratories and lectures. The exhibits include gross pathology, microscopic pathology, and clinical data. A wide variety of techniques are used in the preparation and presentation of the pathologic material, including color photographs, preserved wet tissues mounted in plastic containers, plastic-embedded specimens, plastic casts of actual gross lesions, corrosion specimens, x-rays, and cinematography. Pathology is presented not only from the standpoint of the individual lesion, but also from the standpoint of disease concepts including etiology and pathogenesis. In addition to routine duties, the museum staff conducts research in museum methodology.

Anatomy Museum. The Department of Anatomy maintains a collection of anatomical dissections, models, and other visual aids to assist students in understanding the development and the relationships of the structure of the human body.

RESEARCH RESOURCES LABORATORY

The Research Resources Laboratory, located on the Medical Center campus, is a centralized research and education laboratory divided into four sections. These include the Environmental Stress Facility, which consists of altitude chambers and rooms with a wide variety of temperature, humidity, and pressure control; the Bioinstrumentation Facility, which provides instrument design, construction, and service in addition to maintenance and repair activities (a nuclear magnetic resonance spectrometer is available in this facility); the Electron Microscope Facility, containing seven electron microscopes; and the Research Resources Laboratory Computer Center, which contains an IBM 370/155 system with peripherals including IBM 1800, 2314, and 2330 disks, tapes, x-y plotter, and printer. Software packages for simple and complex statistics, examination grading and student evaluations, and nonsequential information retrieval systems are available.

MEDICAL RESEARCH LABORATORY

The Medical Research Laboratory, located on the Medical Center campus, is one of the largest and best equipped animal research facilities in the nation. A $3,500,000 addition was completed late in 1971. The laboratory now has fifty-two small animal and thirty large animal rooms, as well as diagnostic and therapeutic x-ray and whole-body cobalt irradiation rooms. The modern surgical facilities can accommodate fifteen operations simultaneously.

The Primate Breeding and Research Center produces five species of monkeys and baboons and is the only facility of its kind in the midwest. In its third year of operation the center has a breeding efficiency of over 80 percent.

Clinical chemistry, histopathology, and diagnostic bacteriology services are provided to all investigators on this and other campuses of the University. A professional and technical staff of about fifty serve research and teaching needs on a seven-day-a-week basis.

DIVISION OF SERVICES FOR CRIPPLED CHILDREN

An administrative unit of the University of Illinois at the Medical Center, the division operates a statewide program of medical, surgical, and other habilitative services for children who are afflicted with any of a wide variety of handicapping conditions. It is Illinois's official crippled children medical care agency. Facilities for diagnosis, hospitalization, and follow-up care are provided, utilizing various resources throughout the state, including the University of Illinois Hospital. The division conducts 300 general and special clinics in forty communities staffed by pediatric, orthopaedic, speech and hearing, social service, and public health nursing consultants. Teaching and research relationships within the Medical Center are maintained through the hospital's Center for Handicapped Children, the Center for Craniofacial Anomalies, and related programs. Liaison is maintained with the Maternal and Child Health Services Bureau of the Department of Health, Education, and Welfare and other Illinois official public agencies.

LECTURESHIPS

Bacon Lectureship. In 1927, when Dr. Charles S. Bacon became professor of obstetrics, emeritus, members of the faculty and friends of Dr.

Bacon contributed the sum of $5,000 to found the Charles S. Bacon Lectureship in Obstetrics. The income from this fund is used to defray expenses of lectures given each year at the Medical Center campus.

Davis Lectureship. The inauguration of the D. J. Davis Lectureship on Medical History was held on October 15, 1943. These lectures are maintained by interest on the funds subscribed by friends and associates of Dr. Davis who served the University for thirty years as professor of pathology and dean of the College of Medicine.

Gehrmann Lectureship. In 1924, in accordance with the will of Mrs. Albertina Gehrmann, widow of Dr. Adolph Gehrmann, who was for many years professor of bacteriology and hygiene in the College of Medicine, the sum of $10,000 was given for the support of an annual lectureship in memory of Dr. Gehrmann.

STUDENT LIFE AT THE MEDICAL CENTER

Information about student life at the Peoria, Rockford, and Urbana-Champaign schools is included in the section for each of those schools.

Chicago Illini Union

Since its opening in March 1967, the Chicago Illini Union has served an increasingly important role on the Medical Center campus and in the larger health care community, and enriches the out-of-classroom lives of students, faculty, staff, alumni, and guests of the Medical Center campus. Located adjacent to the residence halls, its facilities include lounges, with a music lounge and art lounge; food service facilities, with a cafeteria, vending snack bar, and the Centennial Room (a buffet dining room); the Chicago Rooms (a large multipurpose room); a student activities center; the University bookstore; and recreational facilities including a billiard room, game room, and bowling lanes. In addition, a barbership and travel agency are located in the union.

Housing

The University offers comfortable and convenient living quarters on the campus at reasonable rates in its Student Residence Hall, Women's Residence Hall, and Staff Apartment Building. Faculty, nonacademic staff, residents, and interns who are employed by the University at least on a half-time basis are given priority in the assignment of apartments, but married students, graduate students, and others are also eligible on a space-available basis. If a married student's wife or husband is employed by the University at least on a half-time basis, the couple is eligible for employee priority on the waiting list. Assignments to the residence halls are based on the date of application and on policies established by the University Committee on Housing. Single, undergraduate women under twenty-one years of age as of September 1 of the current academic year who do not live with parents, relatives, or guardians must live in University-approved housing unless special permission to live elsewhere has been granted in writing by the Dean of Women. Other students are not required to live in University-owned units.

The Student Residence Hall accommodates 412 men and women on separate floors in 196 double rooms, 13 single rooms and 7 rooms for resident advisers. Facilities include a central shower and washroom on each floor, laundry and pressing rooms, recreation room, a lounge-tele-

vision room, baggage storage area, automatic elevators, and a private telephone service.

The Women's Residence Hall is an air-conditioned building housing 59 men and 118 women. It contains eighty-seven double rooms and three resident adviser rooms. A number of the facilities are similar to those of the Student Residence Hall, including a central shower and washroom on each floor, private telephone service, laundry and pressing rooms, baggage storage, and an automatic elevator. In addition, the Women's Residence Hall features a study lounge on each floor, contemporary furnishings, and a landscaped courtyard.

All meals are served on a cash basis. Both residence halls are connected with the Chicago Illini Union, giving residents ready access to the many lounges, meeting rooms, programs, recreational facilities, and other services provided by the Union.

A staff of resident advisers is available to assist residents with personal problems and to see that a proper environment is maintained for study and living conditions. A student government organization promotes and maintains an effective program of self-government and social-recreational activities.

Residence hall contracts are issued for the entire academic year. Payment may be made in full at the beginning of the academic year, quarterly, or at the beginning of each month. Application forms and additional information on housing may be obtained from the Housing Office, University of Illinois at the Medical Center, 818 South Wolcott Avenue, Chicago, Illinois 60612.

Cultural, Recreational, and Social Opportunities

The Medical Center campus is located minutes away from the heart of downtown Chicago. Special educational discount tickets for many cultural programs throughout the year are available at the main desk of the Chicago Illini Union. In addition, the University provides a variety of programs which supplement the on-campus life of the University community.

RECREATIONAL FACILITIES

The gymnasium, weightlifting room, equipment room, and locker room, as well as the departmental office, are located on the fourth floor of the Old Union Building, 715 South Wood Street. Two tennis courts are located just east of the building.

The recreational facilities in the Chicago Circle Center of the nearby Chicago Circle campus are available to all University students who hold valid identification cards; however, Medical Center students are not allowed to bring guests with them. These facilities are available daily, except Sunday, from 6:00 to 9:00 p.m.

A special membership fee of $15.00 per year is available to Medical Center students at the Duncan Y.M.C.A., 1515 West Monroe Street, HA 1-7800. Membership includes full facility usage, except handball courts, from 4:00 to 7:00 p.m. daily. The membership runs from September 1 to August 31.

PHYSICAL EDUCATION

Although physical education is not a part of the required curriculum in any of the Medical Center colleges, the University recognizes its value by providing facilities and supervision, and encourages voluntary participation by students in some form of physical exercise.

The competitive intramural program consists of basketball, volleyball, softball, badminton, handball, table tennis, tennis, swimming, golf, free-throw shooting, bowling, and floor tennis. The noncompetitive intramural program includes these activities on a recreational basis plus archery, shuffleboard, fencing, wrestling, gymnastics, weight lifting, one-wall handball, and punching bag.

Department facilities may be used by women students at designated times upon request. Handball may be played at the Circle Union by reservation only. (Call extension 7135.)

Men and women may swim at the Chicago Circle Union Monday through Friday from 5:30 p.m. to 8:30 p.m., and Saturday from 10:30 a.m. to 4:30 p.m., except when the pool is being used for special events.

ORGANIZATIONS

Student Organizations

An organization, to obtain University recognition, must comply with certain established rules and regulations. Descriptive material concerning the various student organizations may be found in the *Student Handbook.*

All recognized student organizations are under the supervision of the Office of Student Affairs. Each organization must have a faculty adviser. Detailed information may be obtained at the Office of Student Affairs.

The following is a partial listing of recognized student organizations:

Executive Student Council
Medical Student Council
American Medical Women's Association
Newman Club
Student American Medical Association
Student Health Association
Alpha Kappa Kappa
Alpha Omega Alpha
Nu Sigma Nu

Alpha Omega Alpha. This international scholastic honorary medical society was founded at the University of Illinois College of Medicine in 1902. Members are elected during the clinical years on the basis of scholarship, personal honesty, and potential leadership.

Sigma Xi. In 1928 the Society of Sigma Xi granted a charter for the organization of a chapter of this society at the College of Medicine. Its object is the promotion of research.

Alumni Association

The Alumni Association of the College of Medicine, while an integral part of the Alumni Association of the University of Illinois, has its own elected council and officers. Council meetings are held at regular intervals, and a one-day scientific meeting including a banquet is sponsored each spring. An activity of the Alumni Association for which the college is particularly grateful is its annual sponsorship of a luncheon for incoming freshmen during orientation week.

The association is aided in its work by the services of the director, Mrs. Dorothy DiIorio, whom the medical alumni share with the alumni associations of the other colleges at the Medical Center.

Officers of the Association are:

President: Jack L. Gibbs, M.D., '53, 175 South Main Street, Canton, Illinois 61520

President-elect: William R. Best, M.D., '47, 367 Blythe Road, Riverside, Illinois 60546

First Vice-President: Ross N. Hutchison, M.D., '52, 126 East Ninth Street, Gibson City, Illinois 60936

Second Vice-President: William D. Cox, M.D., '61, 1611 National Avenue, Rockford, Illinois 61101

Secretary-Treasurer: Louis R. Limarzi, M.D., '30, 910 North East Avenue, Oak Park, Illinois 60302

Other council members are:

1969–72

Earl C. Bucher, M.D., '34, 211 East Tenth, Gibson City, Illinois 60936

Carl A. Hedberg, M.D., '26, 2051 Sedgwick Street, Chicago, Illinois 60614

William H. Marshall, M.D., '53, Glendale Plaza Medical Building, 414 St. Mark Court, Peoria, Illinois 61603

Max M. Montgomery, M.D., '29, 2052 Lincoln Park West, Chicago, Illinois 60614

1970–73

Robert A. Atkins, M.D., '45, 1109 South New Street, Champaign, Illinois 61820

Charles R. Bloom, M.D., '31, 5213 West 25th Street, Cicero, Illinois 60650

Robert H. Harner, M.D., '61, 3271 Montlake Drive, Rockford, Illinois 61111

Grover L. Seitzinger, M.D., '52, 17 West Logan Terrace, Danville, Illinois 61832

Earl E. Walker, M.D., '59, 215 East Locust Street, Harrisburg, Illinois 62946

1971–74

Truman O. Anderson, M.D., '60, 1853 West Polk Street, Chicago, Illinois 60612

W. Francis Jacobs, M.D., '33, 6525 West North Avenue, Oak Park, Illinois 60302

Kenneth F. Kessel, M.D., '58, MacNeal Memorial Hospital, 3249 Oak Park Avenue, Berwyn, Illinois 60402

James W. Kopriva, M.D., '43, 475 Winsor Drive, Antioch, Illinois 60002

Immediate Past President: Armand Littman, M.D., '43, Veterans Administration Hospital, Hines, Illinois 60141

Ex officio: William J. Grove, M.D., Executive Dean, College of Medicine, 1853 West Polk Street, Chicago, Illinois 60612

Representative to General Alumni Council: Gilbert H. White, Jr., M.D., '51, 1755 Ridge Road, Munster, Indiana 64321

FINANCIAL AIDS

A number of scholarships, prizes, and loan funds are available to medical students who qualify under the regulations governing the administration of the various aid programs.

Unless specifically stated otherwise, information and applications for all financial aid are available at the Office of Student Affairs.

A brief description of each of the scholarships, prizes, and loan funds follows.

SCHOLARSHIPS

***Herman J. Adelmann Student Aid Fund.** Dr. Adelmann, a 1914 graduate of the College of Medicine, established a sizeable endowment fund by bequest. The income is used to provide for scholarships, fellowships, loans, and medical research at the College of Medicine.

Mary Amanda Anderson Scholarships. Mary Amanda Anderson, an alumna of the University of Illinois, established this scholarship "to assist young women to obtain the advantages of an education." Awards are made in accordance with established procedures of the College of Medicine.

Bamberger Scholarship Fund. An endowment fund has been established by the late Dr. Arrie Bamberger, a graduate of the Rush Medical College and long-time faculty member. The income of this fund provides substantial funds, awarded annually by a special committee, to deserving and especially promising students.

Ione Fisher Beem Scholarship. Dr. Ione Fisher Beem, who graduated from the College of Medicine in 1913, bequeathed to the University $10,000 to establish a scholarship fund, the income of which provides a scholarship for a woman medical student.

Berkelhamer Scholarship. A scholarship has been established by the family of Dr. Ralph C. Berkelhamer, graduate of the University of Illinois College of Medicine, who died as a prisoner of war in October 1944. It is awarded annually to a deserving and needy student.

Everett D. Biddle Scholarship. Mr. Biddle, chairman of the board of the Biddle Advertising Company and friend of the University, makes this scholarship available annually to a deserving and needy student.

* Indicates a gift made to the University of Illinois Foundation.

The award is made in accordance with established procedures of the College of Medicine.

Class of 1938 Scholarship. The Class of 1938, at the time of its twenty-fifth reunion, set up a fund to provide an annual scholarship for a medical student to be awarded in accordance with College of Medicine regulations.

Warren H. Cole Scholarship. The Warren H. Cole Society annually gives a sum of money to the University to be awarded to a student who has performed in an outstanding manner.

***College of Medicine Scholarship.** These funds are provided from donations of faculty and alumni through the University of Illinois Foundation.

Adella Cunningham Scholarship. Adella Cunningham, an alumna of the college, provides this scholarship annually for a woman medical student who is at least twenty-eight years old and dependent on her own funds for her medical training.

Michael A. Desmond Scholarship. Dr. Michael A. Desmond, who graduated from the College of Medicine in 1903, bequeathed a portion of his estate for medical student scholarships.

Ethel M. Dustman Scholarship. A scholarship fund was established by the late Ethel M. Dustman of Burlington, Iowa. The income from this endowment is used as a scholarship for a capable and needy student.

Health Professions Scholarship Program. This program was designed to enable talented students from low-income families to undertake the course of study required to become physicians, dentists, osteopaths, optometrists, pharmacists, or podiatrists. The prime consideration is need. The maximum amount a student may receive each year is $2,500. In determining the amount of the scholarship, the school considers the total expenses needed to pursue the chosen course of study, and the financial resources available for meeting these expenses. Application forms are available at the Office of Student Affairs.

William J. Heatley Scholarship. An endowment fund has been established by the late Eveline C. Heatley. The income of this fund is used as a scholarship for a capable and needy student enrolled in the College of Medicine.

***Harvey P. and Ethel C. Hoffman Memorial Fund.** This endowed scholarship for a worthy student enrolled in the College of Medicine was established by the estate of Dr. Harvey P. Hoffman of Buffalo, New York, a 1914 graduate of the college.

Medical Center Auxiliary Scholarship. The Medical Center Auxiliary annually donates scholarships for students in the college. Recipients are selected on the basis of scholarship, need, and adaptability.

Herman J. Jaffe Memorial Foundation Scholarship Fund. An endowment fund has been established by friends of the late Dr. Herman J. Jaffe. The income of this fund is used as an annual scholarship with the stipulation that the student be a scholar enrolled in the College of Medicine and a resident of this state.

***Leon F. Moldavsky Scholarship.** This scholarship given in memory of Dr. Moldavsky, a 1938 graduate of the College of Medicine, is available to a regularly enrolled student in the College of Medicine who is in need of financial assistance and who has demonstrated outstanding qualities in course work in physiology.

David Mortimer Olkon Scholarship. This scholarship is awarded annually to two outstanding senior medical students in the Department of Neurology and Neurological Surgery and the Department of Psychiatry, to be selected on the basis of excellence and scholastic standing by the dean of the College of Medicine and the heads of the two departments.

Pfizer Laboratories Scholarship Program. Pfizer Laboratories annually provide funds that are awarded to a medical student who has demonstrated outstanding scholarship.

Phi Delta Epsilon Fraternity Foundation Scholarship. This foundation has established a scholarship to be awarded annually to an undergraduate member of the Phi Delta Epsilon fraternity who has shown evidence of scholarship, leadership, and service. The award is made in accordance with established procedures of the College of Medicine.

Rea Scholarships. The annual income from a fund established in 1899 by the will of Dr. Robert Laughlin Rea is used for four scholarships, awarded by a committee of the faculty, to help pay the tuition fees of needy students in the College of Medicine. First-year students are not eligible.

Bertram A. Richardson Scholarship. Dr. Bertram A. Richardson was a 1907 graduate of the College of Medicine who bequeathed a portion of his estate to the University; the income from this endowment provides scholarships for medical students.

Theodore B. Sachs Scholarship. In memory of Dr. Theodore B. Sachs, a 1895 graduate of the college, an endowment fund was bequeathed

to the college by his widow, Lena Louise Sachs, and is available for deserving and needy students of promise.

Otto Saphir Memorial Scholarship. Friends of the late Dr. Otto Saphir, clinical professor of pathology, established this fund to provide a scholarship for a junior student who has shown outstanding interest and excellence in pathology.

Seitzinger Scholarship. This scholarship, established by an alumnus, is available every fifth year to a freshman medical student.

Dr. Jerome D. Solomon Scholarship. This scholarship awarded to a deserving and needy medical student, was established by a gift from the Dr. Jerome D. Solomon Foundation. Dr. Solomon, who graduated from the University of Illinois College of Medicine in 1941, died in New Guinea during World War II and was posthumously awarded the Legion of Merit.

Streicher Memorial Scholarship. An endowment fund has been established by colleagues and friends of the late Dr. Michael Henry Streicher, who was a member of the Department of Medicine for many years. The income from this fund is used as a scholarship for a capable and needy student enrolled in the College of Medicine. Other things being equal, preference is given to sons or daughters of graduates of the University of Illinois College of Medicine. After the award is made, if circumstances warrant, the award is reassigned annually as long as the student is enrolled as an undergraduate in the College of Medicine.

***John H. and Lillian M. Whitten Scholarship.** An endowment fund has been established by the late Dr. John H. and Lillian M. Whitten. The income of this fund is used as a scholarship for a capable and needy student enrolled in the College of Medicine.

Williamson Memorial Scholarship. Members of the faculty and friends of the late Professor Charles Spencer Williamson, for many years head of the Department of Medicine, have established an endowment fund, the income from which is used as a scholarship for a capable and needy student, either graduate or undergraduate.

Yarros Scholarship. This fund was established by Victor S. Yarros to continue the scholarship program begun in 1948 in memory of his wife, Dr. Rachelle S. Yarros, formerly professor of social hygiene at the University of Illinois College of Medicine. Scholarship awards in varying amounts are available to deserving and needy students enrolled in the College of Medicine.

Other Scholarships. In addition to the scholarships listed above,

funds are received annually from a variety of sources to provide financial assistance to medical students. Contact the Office of Student Affairs for further information.

Other Governmental Scholarships

General Assembly Scholarships. Each member of the General Assembly may nominate, annually, one student from his district for a scholarship to the University. Provision is made for substitute appointments in case the original nominee fails to qualify or discontinues his course. This scholarship exempts the holder from the payment of the tuition fees only in any course in the University for a period of four years. Application should be made to your state representative or senator.

Military Scholarships. Any person who served in the Army, Navy, Air Force, or Marine Corps of the United States during World War I, or at any time after September 16, 1940, and who has been honorably discharged, is entitled to a scholarship to the University of Illinois if he possesses the necessary entrance requirements and if he was a resident of the state of Illinois or a student in the University of Illinois at the time of his enlistment. This scholarship exempts the holder from the tuition fees in any course in the University for four years. Applications for these scholarships may be procured from the Office of Student Affairs.

PRIZES AND AWARDS

Beaumont Memorial Prize. The late Dr. Frank Smithies, of Chicago, endowed a prize in memory of William Beaumont, the famed surgeon of the nineteenth century. The prize is awarded by a committee to the student or faculty member of the College of Medicine who submits the best original work on diseases of the alimentary tract.

Granville A. Bennett Award. This award was established by the student body of the College of Medicine in 1968 in the name of Dr. Granville A. Bennett, professor of pathology, who served with distinction as dean of the college from 1954 through 1967. An award of a scroll and medallion is given to a senior who has made significant contributions to medical education.

Stuart Meyers Memorial Award. The income from an endowment in the name of Stuart Meyers, an alumnus of the college, is awarded annually as a prize for meritorious student research presented at the Medical Student Research Forum.

Roche Award. The Roche Award of a gold wrist watch and scroll

is given annually to an outstanding student who has completed the first two years of medical school.

Tom C. Reeves Memorial Award. The Tom C. Reeves Award is presented annually to an outstanding member of the sophomore class. The award was established in memory of Tom Charles Reeves who died in his sophomore year of medical school. It is meant to recognize those qualities necessary for excellence in the medical profession.

Sigma Xi Prize. The Society of Sigma Xi annually awards two prizes for excellence in graduate research. These prizes are available to any students in the College of Medicine or Dentistry who are also registered in the Graduate College. On the basis of the research and its presentation, awards of $300 and $200 are made from funds provided by Mr. and Mrs. Charles E. Fawkes.

LOAN FUNDS

A number of loan funds, both short- and long-term, have been established in the College of Medicine to assist needy students.

Long-term loans usually bear no interest while the student is in school; following graduation, interest and principal are repaid over varying periods ranging from one to ten years. The interest rate for most long-term loans is low, ranging from 3 percent to 5 percent. Applications and detailed information may be obtained in the Office of Student Affairs.

Short-term or emergency loans are available to all students and range from $25 to $200. The term of the loan is usually not more than sixty days. There is no interest charge on emergency or short-term loans, and no cosigners are required.

Loan funds currently available are as follows:

American Medical Association Education and Research Foundation Loan Fund. The American Medical Association, in cooperation with the Continental Illinois National Bank and Trust Company of Chicago, has established a sizable loan fund from which medical students, interns, and residents may borrow from $400 to $1,500 annually. Repayment may be scheduled over a ten-year period after all training is completed. Interest varies slightly from time to time, but generally averages between 7 and 8 percent from the date the loan is made.

Chicago Memorial Hospital Women's Auxiliary Loan Fund. The fund, established in 1955 by a gift from the Women's Auxiliary of the Chicago Memorial Hospital, is for loans to needy and qualified students in the College of Medicine.

Emergency Aid. Emergency loans are made to students in the College of Medicine from a fund established by students and from general University money.

Dr. Benjamin Goldberg Fund for Needy Students. Dr. Benjamin Goldberg, an alumnus of the University of Illinois College of Medicine, established a fund for needy students. The fund is administered by the dean of student affairs, and the aid is in the form of a gift to the needy student.

Frank Goodman Loan Fund. A limited number of loans are made from a sum of money given to the University in honor of Dr. Frank Goodman, an alumnus of the University of Illinois College of Medicine. Loans from this fund are administered under the same rules and regulations applied to general University loan funds.

Health Professions Student Loan Program. The special federal loan program is available to medical students. The primary qualification for a loan is need, and parents are required to submit a financial statement.

Terms are very attractive. Qualified students may borrow a maximum of $2,500 per year. Repayment begins one year after graduation at 3 percent interest.

Illinois Agricultural Association and State Medical Society Loan Fund. The Illinois State Medical Society, through its committee on rural medical service, has a loan fund available for medical students who meet certain requirements.

Poncher Foundation Fund. A revolving loan fund created by friends of Dr. Henry George Poncher, former professor and head of the Department of Pediatrics in the College of Medicine, provides loans up to $1,000 with liberal repayment privileges after the period of medical training is completed. Loans are limited to qualified junior or senior premedical students and medical students.

Margaret Ann Schultz Loan Fund. A sum of money given to the University from the estate of Margaret Ann Schultz is set aside specifically for loans to medical students. Loans from this fund are administered under the same rules and regulations applied to general University Loan Funds.

University Long-Term Loan Fund. Long-term loans are limited to $1,000 for any one year and a maximum of $2,500 while a student is attending the University of Illinois College of Medicine. Long-term loans bear interest at the rate of 3 percent starting four months after the date of graduation or withdrawal from the University.

CONTINUING MEDICAL EDUCATION

Continuing education is a primary responsibility of the College of Medicine. This responsibility is fulfilled through programs developed by the schools of the college. The resources of the Center for Educational Development are available to the schools of the college to help in the development of programs.

The College of Medicine believes that the extension of undergraduate and graduate education into community hospitals through its decentralization activities will indirectly serve to provide ongoing education of the health practitioners who become involved in these educational programs. Conferences in special diagnostic, therapeutic, and basic science areas will continue to be offered by each school to fulfill requests or perceived needs.

For further information, contact the office of the dean of the appropriate school:

Rockford School of Medicine, 1601 Parkview Avenue, Rockford 61101
815-397-2639

Peoria School of Medicine, 1400 West Main Street, Peoria 61606
309-674-8477

The Abraham Lincoln School of Medicine, 1853 West Polk Street, Chicago 60612
312-996-7890

School of Basic Medical Sciences at the Medical Center, 1853 West Polk Street, Chicago 60612
312-996-7018

School of Basic Medical Sciences at Urbana-Champaign, 1205 West California Street, Urbana 61801
217-333-9284

School of Associated Medical Sciences, 808 South Wood Street, Chicago 60612
312-996-6695

INTERNATIONAL MEDICAL EDUCATION

Chiang Mai Project: Continuing Programs

During the period from August 1962 to September 1970 the University of Illinois College of Medicine assisted in the development of a medical school in Chiang Mai, Thailand: the Chiang Mai Faculty of Medicine of Chiang Mai University. The program was conducted under the terms of

a contract between the University of Illinois, the government of Thailand, and the Agency for International Development (USAID) of the Department of State of the United States.

As the USAID program drew to a close, efforts have been put forth by both universities to establish a continuing relationship between the University of Illinois and Chiang Mai University. Efforts continue to fund such a program; a feasibility study was undertaken in Chiang Mai in June 1971 by Drs. Clark Cunningham, social anthropologist, and Theodore C. Doege, from the Department of Preventive Medicine and Community Health, who investigated possibilities for faculty and student exchange, research studies, and cooperative research programs. These programs will involve both the Urbana-Champaign and Medical Center campuses, as well as faculties other than the Faculty of Medicine at Chiang Mai University.

AAMC Foreign Fellowships for Medical Students

The Association of American Medical Colleges (AAMC) annually offers a limited number of fellowship opportunities to third- and fourth-year medical students wishing to spend an elective quarter overseas. These programs are funded through Public Health Service grants and administered by AAMC. To date, such programs have been limited to Israel and Yugoslavia, at varied locations within these countries. Awards include transportation and a small stipend for living expenses.

Medical Assistance Programs, Inc. (MAP) Foreign Fellowships for Medical Students

The MAP program offers junior and senior students enrolled in U.S. medical schools an opportunity to work and study in medically underdeveloped areas of foreign countries.

The purpose of the program is to provide selected medical students with special opportunities to benefit from unusual clinical experience in foreign countries; to study and practice preventive medicine in societies and cultures different from their own; to observe diseases not common in the United States; and to familiarize themselves with medical, cultural, and social problems characteristic of large segments of the world's population.

Eligible medical students who wish to apply may obtain additional information and application blanks from the Office of International Activities.

The program is made possible through MAP DeWitt Wallace International Fellowship grants. Selection of applicants will take place semiannually with deadline dates for submission of application February 1 and August 1.

Other Opportunities

Medical students, with departmental approval, may spend an alternate quarter in an education program outside of the United States. Previous clerkships have been spent in parts of Europe, Africa, and Asia.

A limited amount of financial support available from the College of Medicine Office of International Activities to assist students in these programs. Information and financial support may also be obtained from the Medical Student Council and the Student American Medical Association.

CALENDAR

1972 SUMMER QUARTER

Quarter begins, clinical students.....June 19, Monday
Independence Day holiday.....July 4, Tuesday
Quarter ends .....September 2, Saturday

1972 FALL QUARTER

Quarter begins, all students.....September 25, Monday
Veterans Day holiday.....October 23, Monday
Thanksgiving Day .....November 23, Thursday
Quarter ends, preclinical students.....December 9, Saturday
Quarter ends, clinical students.....December 16, Saturday

1973 WINTER QUARTER

Quarter begins, all students.....January 2, Tuesday
Lincoln Day holiday.....February 12, Monday
Quarter ends, all students.....March 17, Saturday

1973 SPRING QUARTER

Quarter begins, clinical students.....March 19, Monday
Quarter begins, preclinical students.....March 26, Monday
Good Friday holiday.....April 20, Friday
Memorial Day holiday.....May 28, Monday
Commencement .....June 1, Friday
Quarter ends .....June 9, Saturday

1973 SUMMER QUARTER

Quarter begins, clinical students.....June 18, Monday
Independence Day holiday.....July 4, Wednesday
Quarter ends .....September 1, Saturday

1973 FALL QUARTER

Quarter begins, all students.....September 24, Monday
Veterans Day holiday.....October 22, Monday
Thanksgiving Day .....November 22, Thursday
Quarter ends, preclinical students.....December 8, Saturday
Quarter ends, clinical students.....December 15, Saturday

1974 WINTER QUARTER

Quarter begins, all students.....January 2, Wednesday
Presidents Day holiday.....February 18, Monday
Quarter ends .....March 16, Saturday

1974 SPRING QUARTER

Quarter begins, clinical students.....March 18, Monday
Quarter begins, preclinical students.....March 25, Monday
Good Friday holiday.....April 12, Friday
Memorial Day holiday.....May 27, Monday
Commencement .....May 31, Friday
Quarter ends .....June 8, Saturday

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FOR FURTHER INFORMATION

About admission to the College of Medicine, write or talk to the Director of Admissions and Records, University of Illinois at the Medical Center, 1737 West Polk Street, Chicago (mailing address: P.O. Box 6998, Chicago, Illinois 60680).

About matters of finance, loan funds, part-time employment, parking permits, or other questions involving student welfare and campus life, write or talk to the Dean of Student Affairs at the Medical Center, 1737 West Polk Street, Chicago (mailing address: P.O. Box 6998, Chicago, Illinois 60680).

About matters relating to housing, write or call the Office of the Director of Housing at the Medical Center, 818 South Wolcott Avenue, Chicago (mailing address: P.O. Box 6998, Chicago, Illinois 60680).

About the Graduate College at the Medical Center, write or talk with the Dean of the Graduate College at the Medical Center, 1737 West Polk Street, Chicago (mailing address: P.O. Box 6998, Chicago, Illinois 60680).

About the James Scholar Program for Independent Study in the College of Medicine, write or talk with the Director of the Program, 1853 West Polk Street, Chicago (mailing address: P.O. Box 6998, Chicago, Illinois 60680).

About matters especially relating to the Chicago Circle campus, write or talk to the Director of Admissions and Records, University of Illinois at Chicago Circle, P.O. Box 4348, Chicago, Illinois 60680.

About matters relating especially to the Urbana campus, write or talk with the Director of Admissions and Records, University of Illinois, Urbana, Illinois 61801.

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